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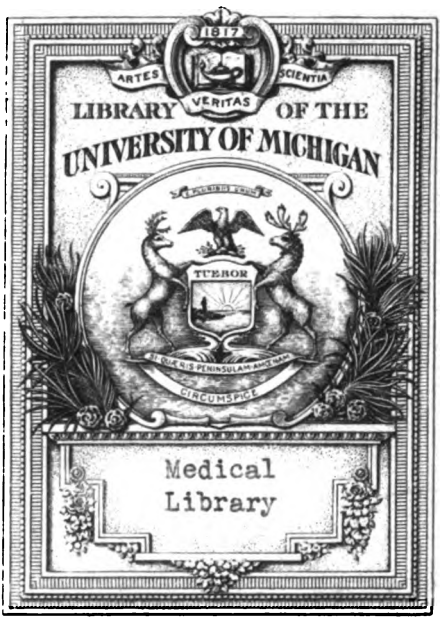

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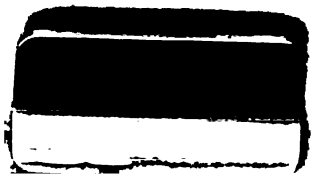

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EDITED BY S. W. BUTLER, M. D.,

MEMBER OF THE AMERICAN MEDICAL ASSOCIATION, AND CORRESPONDING MEMBER OF THE NEW ORLEANS ACADEMY OF SCIENCES.

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THE

MEDICAL AND SURGICAL REPORTER.

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ART. I.—*Malaria and its Manifestations in Sussex County, Del.* By D. W. MAULL, M. D., of Georgetown, Delaware.

IN the October No. of the REPORTER, we gave some of the results of our observations upon the developments of malaria in this county. It is our design now to continue this theme in the same discursive manner, by offering a few additional remarks bearing upon the point in question. But our inquiries, in this paper, will be directed more especially to the consideration of the mill-ponds, that we may investigate the operations of the elemental principles of our bilious diseases, as they are modified by these low and submerged grounds.

The mill-ponds in our county are one hundred in number, and may be estimated to average fifty acres to each pond, thus making, in the aggregate, five thousand acres of ponds. The county itself embraces an extent of about six hundred thousand acres. The fact of such an extent of submerged land of this nature, affords abundant reason why our mill-ponds may be regarded chiefly as the *fons et origo* of the greater portion of our bilious diseases.

Experience has demonstrated fully that these ponds are not productive of disease, even in the summer or autumn, so long as they are full—so long as there is a good supply of water in them. Under these circumstances, there is no flat nor low ground left exposed to the sun's rays, reeking, and emitting its noisome vapors. It is only when the water has found an exit through the gates, or has evaporated, and has become low, and the flats, as a consequence, exposed, that sickness may be expected to ensue. And, again, these ponds may be low, and not much sickness

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result; it is necessary that they should be well filled the early part of the season; then, should the volume of water in them sensibly diminish, we may anticipate sickness. But, if they remain dry during the spring and summer, they do not modify health to that extent that they would were they to be filled the early part of the season, and then be exhausted. These propositions, general observations upon the subject will strengthen and confirm.

The town of Milton is situated upon a creek of that name, which has its source in that vicinity. Before a dam was thrown across the stream, there was a considerable amount of flat lands submerged, and then exposed, by the action of the tides; much sickness was the inevitable result. But after the formation of a dam, a pond was formed not subject to tidal influences; the low, flat lands were kept covered, and the health of the town has been materially improved since.

The town of Laurel, similarly situated, suffered from a cause of an analogous nature. A low, marshy, boggy ground, covered with bushes, skirted the creek, and was overflowed, and then left bare, by the same influences, the *detritus* being deposited along the shore, to be wrought, by solar influence, into material for disease. These low grounds were raised by artificial means, the bushes cut off, and wharves formed, and the consequence was an evident improvement in the sanitary condition of the town.

In the summer and autumn of the year 1832, a mill-pond, about five miles west of this town, was rather low, the flats being exposed. A great amount of sickness occurred in the neighborhood. A sufferer, living in the immediate neighborhood of the pond, was advised to give free exit to the remaining water, by removing the gates which confined the water. He was apprised, however, of the fact that the consequence of this measure would be an increased amount of sickness for a short time, because of such an increased amount of area being exposed. This was accordingly done, and, as was predicted, for a limited period, the disease acquired fresh vigor, but soon ceased altogether.

Persons living upon that side of the pond over which the south wind is most apt to blow are more liable to bilious affections than those living on the south side. Hence, by removing a few rods in another direction, they may experience a beneficial change.

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Persons who have remained in the full enjoyment of health in this town, or at any place elevated or remote from infected regions, by removing to any of the towns situate upon the creeks which derive their origin from the large mill-streams in the vicinity, are peculiarly liable to contract diseases of a malarial source. The children that had previously been in good health become sickly, and soon wear that aspect so well known to result from a residence in places of that character. The persons who have become acclimatized to these malarious localities, are not so apt to be invaded as those removing to these places. Yet no length of residence invests a man with entire exemption from these attacks, since they are frequently seen laboring under the disease, from having unduly exposed themselves.

Again—persons removing in the summer from our town to the vicinity of a mill-pond, are very liable to an attack of bilious fever. This is frequently witnessed. By remaining in town, they enjoy a comparative immunity; but so soon as they come within the sphere of the influence of any of these ponds, they are divested of this immunity. Our towns, however, do not enjoy the same freedom from these bilious fevers that large cities do. There appears to be something in the latter which neutralizes the malarious poison, as smoke and the numerous fires kept up; or the gaseous substance has not such free scope; but more likely the former. These counteracting influences our towns do not possess. That smoke and fires are, in part, possessed of these qualities—*i. e.*, that of neutralizing and rendering inert the poisonous malaria—may be supposed from the fact alluded to in our first essay on this subject. We saw there, that along the banks of the Pocomoke, where we would most reasonably look for this noxious agent, a locality which would be regarded as a malarial one—a region which, from its surroundings, might be supposed to feel sensibly the ravages of these fevers every season; we observed that nearly every ingredient entering into the formation of a malarious atmosphere, might be found there—everything to develop diseases of this nature; we saw that the channel of this stream was narrow; the flat lands skirting either bank extensive; these flat lands first submerged, and then exposed by the water running off; the stream sluggish in its course; the foliage falling into the water, from the large trees shading its banks; and the

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rapid production and decay of vegetable matter; all conspiring, in accordance with the ordinary laws for the production of disease, to favor the elimination of morbific elements: but, notwithstanding all these favoring agencies, we learned that bilious fevers were not more rife in that locality than in others having apparently fewer prejudicial influences to operate upon the health of the community. Where there are sufficient forces, as we should at first sight suppose, to form the elements of a Pandora's box, we find Hygeia as beneficent in her favors as in other spots. The immense volumes of smoke sent forth in the summer season from the fires in the cypress swamps, counteract, as it were, these otherwise deleterious products. What better evidence do we want that large fires and clouds of smoke purify the air by neutralizing the noxious particles than this? If additional evidence is required, we can adduce it by the following statements, which, we think, will go to show that there is a protection afforded by fires and smoke against the inception of the malarious poison in the system. "Camp meetings" during the entire month of August and the early part of September, are very common in this county; and, later in the season, "woods meetings" are frequently held at night. These are the seasons when the harvest of our bilious fevers may be expected to be reaped; and although these religious assemblages are held nearly a week at a time, it is seldom that we can see any sensible increase of bilious diseases from this source. We have closely observed if any change should be made apparent in the health of the community, that could be charged to these convocations, but have never yet succeeded. This is also applicable to the night meetings which we have known to be held, in October, in the woods, for several successive nights, and in the immediate vicinity of an old mill-pond. After carefully watching the results of these meetings, we have seen no serious physical effects. This exemption from malarial disease, while being freely exposed to its sources, and, as it were, inviting its presence, can be attributed to nothing else but the pine-knot fires kept burning constantly. These assemblages are not productive of the same amount of injury to health as, at first sight, one would suppose. The prejudicial effects of sitting at night, in the damp air, and in the fogs and dews, for which these poisonous principles of the atmosphere possess an affinity, and to which they become attached,

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are counteracted by the large fires of "light wood" kept glowing at night continually upon the encampment, the heat radiating itself, displacing the morbific particles of the atmosphere, and otherwise purifying the surrounding air, by dissipating the dampness attendant upon these seasons of the year. In fine, comparatively little "bilious," so far as we can learn, ever results from these occasions.

The foregoing, brought forward to establish a fact so patent to many, may be considered superfluous, but it was within our province, while treating of the operations of malaria, and we accordingly adduced it.

In the fall, sometimes, there is scarcely any one who does not feel more or less indisposed; a general feeling of *malaise* takes possession of the greater proportion of the community, lassitude, weariness, pains, not amounting to a bilious attack, but stopping at the premonitory symptoms.

The occurrence of the first frost with us does not have the effect of causing a cessation of our bilious affections, neither do they abate any of their force or frequency upon its occurrence. They, upon the contrary, continue upon the increase for a short period. Subsequent frosts are required to put an entire stop to them. Witness the following: these diseases did not prevail to any marked extent in this town, in the fall of the present year, until after the first frost, which occurred on the night of the first of October. Very little bilious had appeared in our town previously. About this time the winds were alternating from south to east, &c. The intermittent fever at that period was becoming more frequent than it had been during the season; it began to predominate in its frequency over the remittent, and was much more general. This fact of its general prevalence from the 1st to the 18th of October, shows that it is the mildest form of malarious fever, and that the miasm was becoming much more mild, and less intensified in its action; that the poison was not so efficient, as it could only produce this form of disease chiefly, and was scarcely of sufficient force as to occasion remittent. The occurrence of intermittent fever at that particular period, after our first frost, was an evidence that our malarial diseases were abating, as the mildest form of the disease was then almost exclusively prevailing.

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The confinement of the chills to the neighborhood of the mill-ponds in the county about the middle of the month, was another evidence that our bilious was relaxing its hold, as it was only in those localities that the malaria was of sufficient force to develop any other form of the disease.

The intermittent may continue to present itself after the frosts have destroyed the vegetation, and the malaria has ceased to be evolved, but it, in no wise, owes its existence to any fresh accessions of the poison, but rather to the latent germs within the system, placed there by the previous season, and developed by a cold and variable atmosphere. These germs had been implanted previously.

With us, at the present day, there is a more decided tendency in the bilious remittent and dysentery, to assume the typhoid type than formerly. We now frequently observe the former, especially in the old and relaxed, and those weakened by dissipation and other causes, taking on some of the characteristics of the typhoid and some of its features, to make it the more formidable in its aspect, such as dry and black tongue, relaxed bowels, and a profound stupor, and as a consequence, tending to a protracted course of the disease.

Dysentery is also liable to assume this form, much more so than in earlier times. Our other diseases also, at times, present some of the features of the typhoid. Why there is such a disposition to wear this livery, we are unable to say, but should be inclined to refer it to a modification in the malarious principles of disease, since it is apparent that this change in their tendency cannot be charged to non-natural causes. Our bilious remittent or dysentery, we may here say, seldom initiate themselves with true typhoid symptoms, but assume them as the disease advances, and the patient becomes weakened.

As to a pernicious intermittent, as we have before remarked, it is very rare; the only cases that we have ever seen have been in the immediate vicinity of the large ponds.

The fact of our exemption in this county from those violent diseases of a presumed malarial origin, as epidemic cholera and yellow fever, and the occurrence of the more mild affections of this nature modified by climate, would go to demonstrate that our malarial poison is not very highly concentrated; we have

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diseases of various grades, but none to approximate cholera or yellow fever in intensity.

In our former dissertation, we alluded to the antagonistic principle existing between our bilious fevers and dysentery. It would appear that an epidemic of the latter occurring with us in the summer season, has the effect of exhausting the morbific principles of the atmosphere to such a degree, as to leave no *materiel* from which our bilious fevers could be eliminated. There is apparently an absorption of those prejudicial elements that usually conspire to the formation of disorders of this nature. The pabular matter is expended by the dysenteric epidemic in the summer; the material is wrought up, as it were, and no elemental principles of our later fevers left—they have been absorbed by the previous epidemic. There is a certain condition of the atmosphere which establishes a supply of morbific material, upon which our bilious fevers and dysentery can draw, as from a common reservoir, but which cannot furnish both disorders with the elements of their power and manifestation at the same time. If the latter affection in the early part of the season prevails extensively, and, *ergo*, requires an abundant supply of generative principles, there is nothing left out of which the former can be formed; the reservoir has been previously exhausted. But if, on the other hand, no dysentery should occur, abundant matter is constantly forming from which our bilious can derive its source, as there has been no drain upon that source.

This appears to be the respective natures of these two diseases, thus fancifully represented. Why there should be an antagonism between them—why one cannot display its power and force when the other is manifesting itself—and why a prior visitation of one, in a great measure, forestalls the presentation of the other, subsequently—we are unable to explain. We only know such appears to be their character, and can only refer these features to some inexplicable law of the atmospheric constitution. This is our only solution of the difficulty; for we cannot seek it in any law governing the growth and decay of vegetable matter; for we see them undergoing these processes during the entire season, and can discern no reason why the malaria should not be instrumental in developing bilious fevers in the fall, if dysentery has occurred in the summer—why the latter should pre-occupy the place that

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the former would otherwise take. The operations of Nature have developed a certain amount of malaria, the inherent tendency of which is to effect certain departures from health. If this agent of morbific tendencies, is wrought up, as it would seem, by diseased actions of a certain specific character, no plastic material is left for the formation of disorders of a somewhat analogous nature, that might be disposed to ensue subsequently.

There is evident, in all these operations, a compensating principle, the function of which is, not to admit of the simultaneous appearance in our midst of two different orders of diseases, nor their extreme prevalence the same season.

Such are the operations of this agent that we have been considering—so far as a limited practice, with careful observations, would enable us to investigate—and such the deductions therefrom.

December, 1857.

Art. II.—*On Typhoid Fever.* By R. Douglass, M. D., Woodstock, Va.

It is to be deeply regretted, after all that has been written upon typhoid fever, and while its diagnosis has been well established and thus distinguished from all other diseases, even from typhus —to which, as its name imports, it bears, at least in some respects, a strong resemblance—that it should still be treated by the medical profession empirically.

Should not every regular practitioner put forth powerful and ceaseless efforts to have the disgrace removed from so dignified a profession?—a profession whose established principles are the result of the experience and observation of men of the most gigantic intellects, and whose long line extends through many centuries past.

Neither time nor space will permit us to enter upon the history, detailed diagnostics, &c., of this fever, nor can it be deemed necessary in this connection, especially as this ground has been well trodden by others, and as our chief object is to elicit more light upon the parts that are still obscure. We do not, however, expect such a flood of light as will give us the "why and the where-

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fore" of everything relating to the pathology of the disease; for, after all attempts to render its *modus operandi* apparent, there will be some things still left in total obscurity. But, while we acknowledge our want of capacity to know all that we could desire to know, we would still aspire after such a degree of knowledge, at least on some points, as may lead to a more scientific and rational mode of treating cases of typhoid fever.

Among the predisposing causes of this disease, we consider the epidemic influence the *chief*, all others being *indirect*. To this conclusion we are brought from the fact that solitary families, healthy as well as cleanly in their habitations and persons, have, during the prevalence of such epidemics, taken the disease. Let not this, however, be understood as levelled against the sanitary measures adopted and recommended by our medical brethren, and followed out by our municipal authorities in towns and cities; for it will be admitted that there are circumstances which tend to increase the effete matters of the organism by preventing, through exclusion of the only means of oxidation, the eliminative process, and therefore, by the consequent carbonization of the blood, will predispose the system to attacks of zymotic diseases.

From the statements made, the reader will have anticipated what we will now advance, viz., that, though this is not the age of humoralism, we are, nevertheless, inclined to believe that the disease under consideration is a humoral disease. In it the blood is rendered abnormal by the induction of a specific poison through the influence of an epidemic atmosphere. And as by the general circulation the morbific matter is diffused, the glands of Peyer generally become—somehow, we know not why—preferentially invaded, and in the progress of the inflammation thus thrown up, diarrhœa frequently sets in.

Do not individuals know when the epidemic influence begins to affect their system? Do they not feel languid, and does not this feeling increase till it runs into restlessness and lassitude, and in proportion as the poison slowly or more rapidly accumulates in the system?

Generally during its incipiency, and especially in bilious typhoid, the bowels become torpid. This, however, in the majority of cases, passes away as the disease advances, and the glands of Peyer be-

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come deeply affected, involving the villous follicles, and producing a congested state of the mesenteric glands and consequent obstruction of the chyle. Does this not give rise to diarrhœa, and in its cause somewhat analogous to that in *tabes mesenterica?* As the effete matter is thus accumulated, it must either be retained or thrown off. If thrown off, it is by the setting up of peristaltic action. But how is this action brought about? It is either the result of irritation produced by accumulated secretions, or through reflex action from the ganglionic centres. We are inclined to think that it is more the immediate result of the former than of the latter. Should we not, in such a case, feel inclined to respect Nature's efforts to throw off the incumbent load? How is it, then, that we should think of locking up these morbid secretions, to be taken up, at least in part, into the general circulation, already too much loaded with the specific poison? To this it may be objected, that there need be no fear, since the lacteals cannot act in such a case. This objection, though plausible, is founded upon ignorance of the fact, that the medicine which we give to counteract the morbific results of the poison and to promote the eliminative process gets into the general circulation through the absorbents, without passing through the lacteals, and, according to its *modus operandi*, reaches ultimately its preferential parts for active operation. May not, therefore, some of the morbid secretions be taken up in the same way? Now, if this were not possible, why should any kind of nourishment be administered to a patient under these circumstances? However, be this as it may, the retention of such secretions must increase the irritation of the parts chiefly involved, as well as the consequent inflammation, and keep up the heat of the skin, which, in some cases, may be so augmented, especially over the abdomen, as to resemble to the touch the *calor mordicans* in typhus.

If we bring up at once before our minds the prolonged *anorexia*, dyspeptic state of the stomach and bowels, the inflammation and generally ulcerated condition of the mucous follicles, extending at times as high up as the glands of Brunner, giving rise to centric affection, including much gastric irritation; when we consider all these things, are we to wonder at the existence of tympanitis or meteorism, especially when the bowels are locked up? In an advanced stage of the disease an immense quantity of gas is thrown

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off from the dyspeptic state of the stomach and bowels, especially if food is forced upon the patient. Will we then block up all, like the foolish man who locked up the thief in the stable? Ought we, in any case of the kind, attempt to arrest nature in her course, unless she is too rapid in her movements? But even when such a course is indicated, as the least of two evils, can we, understanding her design, think to assist her in its accomplishment by keeping the bowels locked up beyond the space of twenty-four hours?

We presume that it will not be deemed irrational to suppose that the epidemic atmosphere operating upon the cutaneous and respiratory functions will, according to its strength, together with different conditions of the system at the time of invasion, &c., give rise to great diversity of cases. We know that various idiosyncrasies and states of the system at the time of administration diversifies the *modus operandi* of medicine. May not, therefore, these causes, in combination with others, account for the great difference that frequently appears during prevailing epidemics?

Is there not in this fever a *peculiar* and *specific* affection of the nervous system, the nature of which is not yet known, giving rise generally to a *certain* deviation from the normal state of the nervous and mental functions? But there must be a pathological condition of the circulatory, secretory, and excretory functions, whether primary or secondary, before fever can exist.

However we may have spoken of the disease before us as one of zymotic blood diseases, yet the various deviations that take place, at least, in grave cases, as to the functions generally, though they may not so originate, do appear to arise in the following order: the cephalic, circulatory, secretory, and excretory functions giving rise to the second and most important event—inflammation. Should then a patient die where the right means have been timely and properly applied, we view it as more the immediate result of the inflammation than of the fever, while the latter, as the cause of the former, is the indirect cause of that result. It may be objected that death has occurred in cases where no local lesions could be discovered after death. To this it may be replied that an occurrence of that kind is doubtless the result of such a diffusion of the morbid poison through the system as completely to overpower Nature, and especially where nothing

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has been done to destroy that poison or convert it into harmless combinations. The course that affords no assistance to Nature's eliminative efforts to expel the poison will prove, in the end, as destructive of life as where it pitches with force upon some particular organ.

Would it not be well to know more of the changes which take place in the different functions and in their secretions? The successful study of these will be of great importance in securing, at least in some degree, the object before us. For instance, any defectiveness in the pancreatic secretions—who can doubt it?—as well as those of the hepatic, would prevent the proper saponification of the chyme, and, of course, would naturally lead the practitioner to supply, if possible, that defectiveness by the administration of oleaginous and alkaline substances.

The kind of knowledge we want is that which will bring us to a greater degree of certainty as to the different changes produced in the chemistry of the blood and its excretions. That this is necessary to a rational, scientific, uniform, yea, and successful practice, on the part of the majority, we have no doubt. Think, then, brethren, and labor hard to improve what is improvable, and future generations will call you the benefactors of our race.

ART. III.—*The Ethnological Question.* By WILLIAM JOHNSON, M.D., White House, N.J.

THE discussion of this subject threatens to become interminable, and argumentation threadbare; and after spilling much ink and wasting much paper, the belligerents will remain *in statu quo ut ante bellum*, neither side willing to yield the field. In this prediction, I may merely be giving expressions to my own convictions. I have myself ever been persuaded that the numerous races of mankind which have overspread the globe have originated from *one common* parentage. Ponderous learning and great acumen have been enlisted in defence of an opposite view of this subject. Nevertheless, after looking carefully at the thing, my convictions remain in favor of the unity of the species, as strong as the sun shining in his noonday strength, and have suffered no

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obscuration from the mistiness which natural science has attempted to throw over the subject. These convictions are founded upon Bible testimony. And here, upon the threshold of this discussion, I am met with the stale observation that it does not display good taste to introduce theological matter into a scientific journal. Let me, then, ask the question: Does it display good taste to introduce into a scientific journal a subject which must necessarily and unavoidably involve theological discussion? *I maintain that the subject now under discussion is strictly a physico-theological one, and falls as much within the province of theology as it does within that of natural science.* Nay, I was going to say more strictly so. Man differs from all other animals in having a two-fold nature; it is the humble province of natural science to take cognizance of his material organization; it is the more noble province of Christian theology to unfold those moral relations which man sustains to his God, and those high and noble destinies which await him if through faith and patience in well-doing, he seek for glory, and honor, and immortality. I waive, however, the consideration of this view of the subject.

The object of the present discussion is to determine the question whether the Negro be a distinct species? or more properly, whether there be more than one centre of origin of the human family? I intend to keep the subject closely in view, and for this purpose will bring forward every available evidence. The Bible, I maintain, is the most available evidence which can be produced, and to exclude it would be like an unjust, imperious judge, who, in a case involving life, property, and reputation, should rule out most important testimony, because he had already prejudged the case, and personally disliked the witnesses. But I trust that there is too much good feeling, and too much sterling Christianity in the medical profession to rule out of court the Bible, when its testimony is so directly to the point.

The doctrine of the unity of the species is taught in the Bible by *implication* from Genesis to Revelation, and the genius of Christianity recognizes no other view of the subject. Besides this, there is direct and positive evidence enough to convince any reasonable man. The Bible is either untrue (I speak it with reverence) or the theory of diversity of species is false. There is no other alternative. Let us impartially examine the evidence

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of the Bible on this subject, and then bring the arguments brought forward on the opposite side of this question, to this touchstone. In Genesis v. 1, 2, it is written: "This is the book of the generations of Adam. In the day that God made man, male and female created he them, and blessed them, and called their name Adam in the day that they were created." Acts xvi. 26: "And hath made of *one blood* all nations of men, for to dwell on all the face of the earth." I bring forward no other evidence at present; what has been already adduced is sufficient to satisfy reasonable men. Yet the blaze of light which this evidence sheds upon the subject is resisted by philosophers of the nineteenth century, who have the temerity to deny its force. Two articles have appeared in the November number of the REPORTER in direct opposition to the testimony of Moses, corroborated by St. Paul. One of these articles is from the pen of Dr. Lehlbach, and the other from that of Dr. Thornton. Both these gentlemen defend the diversity scheme, and maintain that there have been several centres of origin of the family of man. How many centres do you reckon up, gentlemen? Forty? or thirty? or twenty? or ten? or will you modestly take up with five? namely, Caucasian, Mongolian, Ethiopian, Malay, American; or any other arrangement of the races which you choose to make. Well, for the sake of argument, we will suppose that there have been five centres of origin of men. Now you will admit that all these federal representatives of men were created "in righteousness and true holiness," with great intelligence and deep sense of moral responsibility, and at the same time with full powers and capacities to maintain their integrity; in one word, they were perfect beings. This assumption you cannot deny, as all God's works bear his own impress and are perfect; and if geologists are to be believed, this globe had been for ages preparing for the advent of man upon it. Man was the noblest of God's works and his vicegerent on the earth, and in fulness of time this nature was to be honored by being taken into intimate union with the Divine, in the person of the Son of God. Now if you admit all this, and I suppose that you will, I must stop at this stage of inquiry and request you to solve a problem in ethics, which I cannot solve upon the admission of your scheme. It is this: How do you account for the universality of moral evil? Look at man under

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every aspect in civilized or savage life, you find him a lapsed being. The crown has fallen from his head; the fine gold has become dim, and the precious gold tarnished. Man is everywhere found as a rebel in God's moral government, and stands attainted for high treason (to adopt the views of "Senex" on this point, which I believe are strictly evangelical, and in accordance with the Word of God) against the majesty of Heaven, and only waiting the article of death to be handed over to the vindictive justice of God. This is Heaven's declared sentence against all the family of man, except those who are personally interested in the salvation of his dear Son, who has satisfied the claims of a violated law in their behalf. Read the counts on which the indictment is founded in the first four verses of the fourteenth Psalm, and in the first chapter of Paul's Epistle to the Romans, from the 18th verse to the end of the chapter, and from the 10th to the 20th verse inclusive of the third chapter. Now, gentlemen, how are you going to account for these things on your theory? I admit that one of these federal representatives has fallen and involved all his posterity in ruin, but what has become of the others, I ask you to inform me? You have admitted, I presume, that they were created as holy and as intelligent beings as Adam was. As holy and intelligent beings they no doubt had maintained free intercourse with each other. This supposition is by no means a strained one; it is in perfect accordance with the benevolence of the great Creator towards his creatures, especially his obedient creatures. And, doubtless, facility for such intercourse would have been provided. Now, I ask you if the four other federal representatives of man were not most egregious fools, that when they had seen what had befallen Adam, they did not take better care of themselves, seeing they had full ability so to do? To believe this of them requires more gullibility than most men possess. You see, gentlemen, the ridiculous position you place yourselves in by aiming to be wise above what is written. How appropriate to your case is the cutting antithesis of the poet—

> "How great is man! how very small!
> E'en wisdom's type—a fool withal,
> He knows the course of erring stars,
> The cause of elemental jars,
> He does not know himself."

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Natural science will never extricate you out of your sad dilemma. But what natural science cannot do for you, the Bible can. Ps. li. 5: "Behold I was shapen in iniquity and in sin did my mother conceive me." Rom. v. 12: "Wherefore as by *one man sin entered into the world, and death by sin*, and so death passed upon all men, for that all have sinned—" 15th verse, "for if through the offence *of one* many be made dead—" 17th, "for if by *one* man's offence death reigned by *one*," (please read the whole chapter.) The difficulty of accounting for the moral degradation of man is now removed. Now, gentlemen, you read nothing about the four remaining federal representatives of man, and for the simple reason that Paul himself knew nothing about them; they are the figments of your own imagination.

One of you gentlemen urge as an objection against the unity scheme, that it involves incestuous intermarriages between the descendants of Adam, and that such intermarriages would lead to deterioration of the species. I see no force at all in the objection. Had you read with the same care the records of the Bible as you have done the *Types of Mankind*, you would not have been so fastidious on this point; you would there have found that the great legislator of Israel was descended from parents who stood in the relation to each other as that of aunt and nephew, and that the father of the faithful and friend of God had for his wife his step-sister. It is the prohibition of God alone that renders marriage incestuous, and that prohibition was not announced until the promulgation of the law after the departure of the Israelites from Egypt. This record is found in the 18th chapter of Leviticus. Had these connections occurred after the announcement of God's will on the subject, they would have been incestuous. That these connections had not produced the deteriorating effect on the Israelitish nation which the writer alluded to had so confidently predicted, is proven by a passage from one of the Psalms. The Psalmist, in enumerating the benefits which God had conferred upon the nation, bears this remarkable testimony, that at their exodus from Egypt "there was not one feeble person among them."

Dr. Usher thinks that he has found demonstrable evidence of the untruthfulness of the Mosaic account of the creation of man. It is that of a fossil man which he has determined is fifty thousand years old; and Dr. Lehlbach triumphantly challenges Dr. Coles

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to disprove the fact. The doctor may perhaps find some difficulty in disproving the thing to the satisfaction of Dr. Usher. He will be placed somewhat in the position of one of our missionaries with a faithful Mussulman. "How happens it," inquired the missionary, "that your great prophet performed no miracle in attestation of his divine mission?" "Oh, he performed one of the most stupendous miracles ever recorded; he once clave the moon in twain!" "Where do you find any astronomical record of this wonderful event?" "Oh, it happened during an eclipse of the moon, and on a very dark night! and this accounts for its not having been recorded."

Dr. Usher is evidently laboring under a very great mistake. I am myself perfectly satisfied with the Mosaic record of the creation of man; but if I should bring in human authority to counterbalance its testimony, it would be that of the late Hugh Miller. This *Christian* geologist declares that we cannot go further back than six thousand years since the dynasty of man was inaugurated on the earth, and the historic period commenced. I conclude this article by a quotation from Hugh Miller which has a direct bearing on the scientific discussion of this controversy. As a *Christian* philosopher, a profound naturalist, a clear-headed and candid man, he has had no superior in the walks of modern science.

"'The different races of mankind,' says Humboldt (employing, let me remark, the language of the distinguished German naturalist, Müller, to give expression to the view which he himself adopts)—'the different races of mankind are not different species of a genus, but forms of one sole species.' 'The human species,' says Cuvier, 'appears to be single.' 'When we compare,' says Pritchard, 'all the facts and observations which have been heretofore fully established as to the specific instincts and separate psychical endowments of all the distinct tribes of sentient beings in the universe, we are entitled to draw confidently the conclusion, that all human races are of one species and of one family.' 'God hath made of one blood,' says the apostle Paul, in addressing himself to the *élite* of Athens, 'all nations for to dwell on the face of the earth.' Such, on this special head, is the testimony of Revelation, and such the conclusion of our highest scientific authorities. The question has indeed been raised, in these

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latter times, whether each species of animals may not have been originally created, not by single pairs, or in single centres, but by several pairs and in several centres, and, of course, the human species among the rest? And the *query* (for, in reality, it amounts to nothing more) has been favorably entertained on the other side of the Atlantic. On purely scientific grounds, it is of course difficult to prove a negative in the case, just as it would be difficult to prove a negative were the question to be, whether the planet Venus was not composed of quartz rock, or the planet Mars of old red sandstone? But the portion of the problem really solvable by science—the identity of the human race under all its conditions, and in all its varieties—science *has* solved. It has determined that all the various tribes of man are but forms of a single species; and, in the definition of species, waiving the American *doubt* until, at least, it shall become something more, I am content to follow the higher authorities. 'We unite,' says M. De Candolle, 'under the designation of a *species*, all those individuals that mutually bear to each other so close a resemblance as to allow of our supposing that they may have proceeded originally from a single being or a single pair.' 'A species,' says Buffon, 'is a constant succession of individuals similar to, and capable of reproducing each other.' 'A species,' says Cuvier, 'is a succession of individuals which reproduces and perpetuates itself.'"[1] The application is self-evident.

And now, gentlemen, I take my leave of you. I will let younger men continue the discussion. I leave you, favorably impressed by your talents and your learning. I wish you prosperity in all your undertakings, except in this *wicked* enterprise in which you have embarked. Against this I enter my solemn protest. Believe me, it underlies the rankest infidelity, and is derogatory to our Maker, and subversive of the best interests of man. I have now borne my testimony, and "I wash my hands in innocency," and, in the language of the good old patriarch Jacob, say: "Oh, my soul, come not thou into their secret; unto their assembly, mine honor, be not thou united."

[1] I was not aware, until after I had completed this article, that Dr. Coles had already availed himself of this important testimony.

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[The following article was received through Dr. Forwood, who requests us to publish it in lieu of anything from his pen this month. Dr. F. expresses himself as assenting to the views of the writer.—Ed. Med. and Surg. Reporter.]

Art. IV.—*A Call for Order in the Ethnological Discussion.*

By A. Denny, M. D. Suggsville, Ala.

If it be attempted, as an objection against any one undoubted truth, that there are other undoubted truths which precede it in order, in the formation "of said common basis," then it undoubtedly becomes incumbent on the objector to announce such undoubted truths in their order, that they also may "form at least some part of said common basis;" and, with the performance of this, his undoubted duty, it cannot be doubted that his so-called objection must necessarily vanish, and, "like the baseless fabric of a vision, leave not a wreck behind."

At all events, if there be any doubt as to the precise order of any one undoubted truth, nevertheless, it is universally agreed (in word at least) that it shall "form at least some part of said common basis," and, therefore, is not to be suppressed nor even disregarded.

If any man, by reason of his own short-sightedness, blindness, confusion, or "by any means," fail to discern what inferences may be surely drawn from any one, or more than one, intuitive or primary truth, or even if he perceive that no inferences at all can be drawn, except such as are contrary to the "opinions" which he had "preconceived" before his attention had been directed to these intuitive truths, and even though he therefore regard them as weakness and foolishness!

Nevertheless, an arbitrary suppression of them, or heedlessness, is undoubtedly contrary to all fair discussion: undoubtedly contrary to the undoubted truths which are suppressed or disregarded, and of course undoubtedly contrary to all truth.

But in the present undoubted disorder into which the present ethnological discussion has been precipitated, without the consent of its originator, we cannot be properly concerned with inferences, "opinions," or any other things which would, by dividing our attention, delude us from our first duty, of diligent and undivided attention to intuitive, indubitable, self-evident, and primary truth,

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in the first place, as our premises. If your reason for suppressing the undoubted truths of "Elihu's" second short communication, and call for order, as "at least some part of said common basis," is that they were anonymous, then you will please allow them a hearing over my signature (for I subscribe to them, and to all undoubted truths); so that these truths, together with such other orderly, intuitive, and fundamental truths as may be at any time expressed shall "form at least some part of said common basis."

If you really do not "object that all undoubted truth (or so much as may be pertinent) shall form at least some part of said common basis," then of course you will allow that these peaceful, orderly, and undoubted truths, be announced as "at least some part of said common basis" (over your own signature if you prefer).

If you allow, as "some part of said common basis," either the undoubted truth that order is indispensable to every decent discussion, or the undoubted truths announced by Elihu, in August (see 8th and 10th sentences), or the undoubted truth that in every case of disorder, the only, the exclusive point of attention should be the restoration and security of order, until order be restored: then, of course, you will no longer suppress Elihu's second short and incontestable call for order, and no longer (until order be restored) "offer, receive, or tolerate anything" which is not exclusively pertinent to this one point.

If you intend to observe the usual parliamentary rules of discussion, then, of course, you will allow a hearing to Elihu's, to this, and to all other calls for order, and will give heed to them.

As an incidental plea for decency, order, and undoubted truth, and as a preventive of further disorder, we would here announce the undoubted truth that on whatsoever arena a disorderly and otherwise impertinent attack has been offered and allowed against any man, on the same arena, that man has the indubitable right to defend himself in a like disorderly manner, if he choose, or at least in an incidental, orderly, and undoubtedly truthful manner.

In the so-called discussion of the present inquiry, the other disorders have been increased and aggravated by the calling of hard names, by the imputation of bad motives, and by the outpouring of "the wrath of man" against the originators of this inquiry.

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Now, if these accusations were in themselves true (yet they are not undoubtedly true), the obtrusion of them as, or in place of, argument, is undoubtedly out of order, and an indication of deficiency in argument (to say nothing of their indecency).

And since these accusations have been introduced, we hope to be excused if we merely glance at them from the stand-point of undoubted truth:—

These accusations undoubtedly must be either true or false.

And undoubtedly there is and must be delusion or dishonesty, or both, either in the accused or in the accusers.

Now the accused will either take the whole burden upon themselves, and if they fail of indisputable demonstration on either side, their accusers themselves being judges, then the accused will confess all such judgment as their accusers may ask.

Or, on the other hand, if those who seek to involve us in contention, disorder and confusion, can undoubtedly show, either that they can endure the simplicity and light of undoubted truth, or that we cannot, then we will confess unlimited judgment.

But if "they will not come to the light" of undoubted truth; or worse, if it were possible, than this: If orderly, intuitive, indubitable, self-evident, and primary truth be suppressed, then we (the accused) undoubtedly have the right of an undoubtedly righteous judgment against them and against their "preconceived opinions," by the wilful default of their undoubtedly wilful refusals, or practical evasions of this light; and also by their undoubtedly wilful persistence in manifest disorders.

And so we leave them in their indubitably wilful, and (so long as they persist) inextricable engagements with numberless and constantly increasing dissensions, divisions, contentions, doubts, darkness, "confusion and every evil work."

Mankind are undoubtedly so constituted, and all things are undoubtedly so ordered, as to make it impossible for any man to doubt any one intuitive, indubitable, self-evident, and primary truth.

And "to offer, receive, or tolerate by any means, anything which is undoubtedly contrary to any one undoubted truth," is indubitable "blasphemy against the (Holy Ghost" or) Power which has so ordered.

Let not these sentences be misunderstood, nor misrepresented; if, by means of announcing, after the manner and style of Elihu

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incontestable truths, we can only induce men to repent and turn from the disorder of plunging into discussions or inquiries without any determinate, explicit, or express settlement of the premises in the first place; if we can induce men to hear and adhere to undoubted truth, as "at least some part of said common basis," then it cannot be disputed that contention, "confusion, and every evil work" must inevitably, from that moment, vanish away; then, and not till then, shall "we all come to the unity" of that "wisdom which is from above," whose "ways are ways of pleasantness, and all her paths are peace."

This practical restoration to decency, order, and undoubted truth, is all that we call for (and all that can be properly called for until the restoration be effected).

If this, or any other call for order be unheard or unheeded, then it is "manifest unto all men," that those who do not repent of such undoubted disorders must be, cannot be other than disorderly and dishonest (and, of course, deluded), it is manifestly impossible for any man to doubt it.

It is also an indubitable truth, that no honest and undeluded man will take any part with them in such wilfully persistent disorder.

ART. V.—*Case of Congenital Hypertrophy of the Tongue, and Amputation.* By C. MORROGH, M. D., of New Brunswick, N. J.

IN May, 1857, a daughter of Mr. Joseph Mather, of Cranberry, aged seven years, was brought to me for advice, regarding a congenital enlargement of the tongue.

At birth the hypertrophy was moderate, but it had increased more or less rapidly till reaching its present dimensions, I found the tongue protruding two inches outside the jaws. It measured two inches across at the teeth, and was of a corresponding thickness. The papillæ of the protruded portion were enlarged, and the mucous membrane was thickened and indurated. On the under surface was a ragged hard ulcer produced by the pressure of the teeth. These were pressed forward considerably out of their natural position. The horizontal rami of the inferior maxilla were curved downwards, so that when the molar teeth came in contact, a space of about one inch remained between the upper

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and lower incisors. By this provision of nature, the girl was enabled to masticate her food, and swallow without difficulty. Excepting for this grievous and unsightly deformity, the patient was a fine comely girl, and enjoyed excellent general health. She had been treated by astringent applications and internal medicines, but without any avail. I proposed amputation as the only remedy, to which the parents acceded, and on the twelfth of the month, the child was brought to New Brunswick for the purpose of undergoing the operation.

In 1829, Dr. Harris, of Philadelphia, endeavored to amputate in a similar case by ligature. He found that the circulation became quickly restored every time he strangulated the protruding portion by tightening the ligature. In this way the process became so severely painful and tedious, that he completed the operation with a catlin, cutting directly through the furrow made by the ligature. The arteries were tied, and the case progressed favorably. In 1835, another case offering itself, he amputated by a double flap incision, checking the hemorrhage by ligature, and forming a pointed well-shaped tongue. Thus did this eminent surgeon dispel those terrible phantoms of hemorrhage which had led practitioners into the barbarous method of removing portions of the tongue by strangulation.

I resolved to follow the last proceeding of Dr. Harris, with the exception of the ligatures, which I thought might be dispensed with, by using the needle and twisted suture.

On the day the patient was brought to town, I proceeded to operate, assisted by Drs. Taylor and Baldwin. The patient was rendered insensible by chloroform, and placed on her side upon a table, so as not to allow any blood to trickle through her fauces. A stout thread was then passed through the tip of the tongue, with which it was pulled forward, the frænum was then divided, and a strong pointed scissors applied with one blade passed for some distance between the floor of the mouth and the under surface of the tongue, and the other on the dorsum. In this way a clean diagonal cut was made from the lateral edge to the raphe. At this stage of the proceeding, the hemorrhage was so free, I deemed it prudent to ligate the cut ranine artery, lest after losing control of the organ, the sutures might fail in arresting the bleeding.

By a similar incision to the last on the other side, a V shaped portion was removed.

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Without waiting to apply any more ligatures, two bead-headed needles were applied through the tongue, and the flaps approximated by the twisted suture. This measure immediately arrested the hemorrhage.

In the evening the child detached the ligature by pulling at it. This led to a copious hemorrhage, which subsided and recurred several times. The child became feeble and feverish. The pulse 130, and jerking. After considerable trouble, the bleeding ceased altogether, and the child gradually improved.

On the third day the needles were removed. The wound had mostly healed by primary union, and on the sixth day, the patient went home well. Since that time, the end of the tongue has diminished to its natural thickness, and when at rest, it lays in its proper bed with the tip behind the teeth. The curve of the lower jaw has much diminished and the appearance of the girl is very much improved. She can articulate plainly.

Should another case offer itself, my experience from this one would suggest the following plan of operation.

Pass each end of a silk thread through the lateral edges of the tongue, a little behind the position of the lower teeth. Let the ends and middle of the thread be drawn forwards together, so as to protrude the organ and leave the centre free to be removed by a V shaped incision, having the apex backwards.

This is best done with a long sharp-pointed scissors, after first separating the tongue from the floor of the mouth carefully with a bistoury.

By this method of applying the suture, the tongue is still held under control after the anterior portion is separated.

By letting go the bite or middle of the thread, and drawing on the ends, the flaps are immediately approximated, and should be secured by the sailor's reef knot. The tongue must then be again protruded, and quickly transfixed by a harelip needle, as near in the line of the ranine arteries as possible. A few twists of silk on the lower and upper surfaces of the tongue will complete the suture, and effectually check the bleeding. The thread should not be twisted any tighter than is just necessary to effect this result, and bring the cut surfaces into contact.

In this manner the evil effects of ligatures may be dispensed with.

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ART. VI.—*Abstracts prepared expressly for the* REPORTER, *from Exchanges received at this office, and from other sources.*

(*a.*) SURGICAL.

1. *Extraordinary Surgical Operation.*—At the request of a committee of the San Francisco County Medico-Chirurgical Association, Dr. E. S. Cooper of that city has furnished them with a detailed account of an operation performed by him for the removal of a foreign body from *beneath the heart!* Dr. Cooper does not tell us what length of time was consumed in performing this extraordinary operation, though he mentions that "at least three-quarters of an hour" were consumed in an exploration of the thoracic cavity by means of a sound for the purpose of discovering the location of the foreign body. This may give the reader some idea of the entire length of time occupied in the operation.

Case.—Mr. B. T. Beal, æt. twenty-five, of Springfield, Tuolumne County, California, with some other young men, in a frolicksome mood, resolved to burst an old gun, and accordingly loaded it with about eighteen inches of powder, to which they connected a slow match and then endeavored to seek security by flight. Unfortunately, a brisk wind blew up the powder with great rapidity, and the gun exploded before they had retreated far. A slug of iron had been driven into the gun as a temporary breech-pin, which, bursting out in the explosion, struck Mr. Beal in the left side below the armpit, fracturing the sixth rib, entering the chest and lodging, as was afterwards found, beneath the heart upon the vertebral column, just to the right of the descending aorta, where it had evidently remained from the period of the injury, January 25, 1857, until it was removed April 9, seventy-four days after. In a state of extreme prostration he was brought to the city, having had frequent discharges of several ounces of purulent matter at a time from the chest through the original wound. The left lung had lost its function, probably less on account of the violence done the lung at the time than from the subsequent accumulation of pus in the chest, though he had bloody expectoration for a few days. He came to my Infirmary on Mission Street 8th of April, and during the night following had alarming symptoms of suffocation, so much so that I entertained most serious apprehensions that he would not live till morning. So urgent had his symptoms become that after his arrival he was constantly in absolute danger of dying from suffocation, so that no time was to be lost, even for him to obtain rest from the fatigues of his journey. Under the greatest disadvantages, therefore, the operation had to be performed; otherwise he must be abandoned to his fate, which a surgeon feels but little inclined to do in case of such a brave patient, who is willing to endure any operation, however painful or hazardous, to save life.

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Operation.—The patient being placed on the right side, an incision through the soft parts three inches long was made; commencing opposite the seventh true rib and following the track of the original wound, was carried over the fifth and sixth ribs, which were drawn close to each other by contractions, consequent upon the injury. The sixth true rib was found fractured and slightly carious. A transverse incision three inches long was now made, beginning at the centre of the first when the soft parts were reflected, so as to expose the ribs. Torsion was applied to one intercostal and two or three small arteries which bled rather freely. The wound was now fully absterged, after which an effort was made to find the breech-pin by using the probe. This failing, the incisions were lengthened and the ribs further exposed. A portion of the sixth rib, which was carious, was now removed, and was followed by the discharge of about ten ounces of fluid resembling venous blood, contained in a cyst which was broken by the removal of the portion of the rib. A most extensive but careful examination with the probe was now made in order to detect, if possible, the foreign body, yet to no purpose; but air having already been admitted into the chest I unhesitatingly removed portions of the fifth and seventh ribs, together with such an additional piece of the sixth as was necessary to make ample room to afford every facility for the further prosecution of the search. Some very firm adventitious attachments were now broken up with the fingers, which gave exit to an immense amount of purulent matter—two quarts at least—which had been entirely disconnected with the fluid first discharged from the chest. The pleura had several large holes through it and was thickened to four or six times its natural state in some parts. The pulsations of the heart in the pericardium could be distinctly seen through these holes. Brandy was now administered freely to the patient who appeared to be rapidly sinking. The left lung was found completely collapsed after the discharge of purulent matter. By giving brandy freely the patient soon began to revive, when the search for the foreign body was resumed. At this time the fingers could be placed upon different portions of the heart and feel its pulsations distinctly, but could obtain no clue to the location of the foreign body. The patient now appeared almost completely exhausted. Brandy was given freely. Chloroform was not administered at first, owing to the expected collapse of the left lung on the admission of air into the chest, but a considerable reaction taking place a limited quantity was now used, and the manipulations continued. A sound was introduced and the thoracic cavity explored for at least three-quarters of an hour before anything like a metallic touch could be recognized, and then it was so indistinct as to leave the matter doubtful.

The space immediately above the diaphragm was considered the region in which the metal was most likely to be found; since the immense amount of suppuration which had taken place, it was thought might have dislodged, and gravitation carried it down to the bottom of the chest. The metal not being found here there was no longer any probable opinion to be formed as to its whereabouts, and to describe the difficulties of the search that followed would be difficult if not impossible. No one can have any just conception of the degree of patience required to do what was done, save the one who did it. This is not

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spoken boastingly, but it is simply the truth. It is sufficient to say that a general exploration of that side of the chest was made, and then it was taken by sections, occasionally passing through holes in the pleura, which latter appeared to have scarcely no normal relations to the surrounding structures, touching by lines the entire surface of the parts, and at last the sound appeared to encounter something of a metallic nature beneath the heart, but the pulsations of that organ were so strong against the instrument as to render it difficult to settle the matter definitely. At last, however, it became evident that the location of the iron was found, and I endeavored to move it out of its position with the point of the sound, in order to get it into a place more eligible for extraction by the forceps. I failed in this, and in manœuvring the instrument finally lost the track by which the sound had first passed back of the heart to the metal, and it was during my efforts to recover this, and which was accomplished with the more difficulty owing to some membranes falling in the way, that I discovered the sound had in the first instance reached the metal by passing between the descending aorta and the apex of the heart. The metal being again found, the sound was steadily and strongly held in contact with it until a pair of long lithotomy forceps was thereby conducted to the spot and the breech-pin seized and extracted, which, however, was the work of several minutes, owing to the great difficulty in grasping it even after the forceps was made to touch it. The forceps, however, being heavier, the motion of the heart was not so embarrassing to its manipulations as it had been to that of the sound, but owing to its size it could not follow the sound and be expanded sufficiently to seize the metal without lifting the apex of the heart considerably out of its natural position. After the metal was extracted, the patient was turned on the wounded side, and a tent placed in the track of the original sinus, after which the wound was dressed and the sufferer permitted to rest in bed with his body still inclined towards the injured side.

April 10. Greatly prostrate; slight pain in the left breast; no motion of that lung; gave morphine. 11*th*. Same as yesterday. 12*th*. Slight cough; gave enema and light nourishment. 13*th*. Evacuations from bowels; slight discharge from the wound, being the first since the operation. 14*th* to the 18*th*. Improving; considerable appetite. 19*th*. Considerable cough. 20*th*. Severe cough to-day and pain in the right side, as also in that of the wound, though not so great as in the other.

Skin dry; no expectoration; urine scanty and highly colored. These symptoms were very alarming, the more so from the fact of their implicating the hitherto sound lung.

The pneumonic symptoms continued without abatement for several days and finally subsided, but left the patient greatly prostrate. On the 26th, purulent expectoration began and continued to increase for about a week, when nearly a pint was discharged in the space of twenty-four hours, and during this time but little escaped from the wound. After this period, for nearly two weeks, the discharge was greater or less from the wound in proportion to the amount of purulent matter expectorated and *vice versa;* the matter from both places being of the same quality, and occasionally tinged with blood.

At the end of two weeks from the time the communication between

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the trachea and the original suppurating surface appeared to have been established, the purulent expectoration began gradually to subside, and the patient's condition slowly to improve until the end of seven weeks after the operation, when he left the city. There was no perceptible motion of the left lung at this time. He was considerably fatigued by his journey from the city to the country, and appeared worse for several days in consequence, but eventually began to improve rapidly and continued to do so until three weeks since, at which time, as is well known, he visited this city, and was so improved as not to be recognized by medical men present at the operation, who had seen him every day for some weeks after.

Aug. 1. *Present Condition.*—The external wound has entirely cicatrized. No cough nor pain in the left side—good appetite and all the functions of the system well performed.

The left breast is somewhat sunken, but the upper lobe of that lung has recovered in a great degree its former action. This operation was performed in presence of a large number of medical men, some of whom assisted.

Remarks.—The carious condition of the sixth rib was probably a fortunate circumstance in this case, since it favored the formation and continuation of a sinous opening through which purulent matter was discharged from time to time, prior to the operation, and which limited, to some extent, the immense accumulation that, as it was, had nearly terminated the patient's life previous to that period.

His subsequent astonishing recovery is attributed to his great cheerfulness, good constitution, and to the effects of our unparalleled climate, in which it appears nearly impossible for a patient to die with almost any ordinary degree of injury, provided a reasonable share of attention is afterwards given him. San Francisco has the advantage of every other city on the globe, in regard to climate, for surgical operations, since, if owing to any peculiarity of the case, our coast breezes are not equally well adapted to all the stages of convalescence after an operation, it is an easy matter to obtain almost any desirable change by half a day's easy travel, which I think can be said of no other city.

In Mr. Beal's case, while nothing could have been better than our cool bracing atmosphere for the first few weeks after the operation, still, having recovered from the immediate effects of that, the subsequent lung symptoms were much better controlled by a removal to the Santa Clara Valley, thirty miles distant, than they could possibly have been by medicine, conjoined with the greatest care that could have been bestowed upon him in this city.

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2. *Bleeding from the Ranine Veins.*—Dr. Aran recommends the abstraction of blood from the *vena ranina*, in acute inflammatory angina, in laryngitis, stomatitis, acute glossitis, &c., as having a more durable and better effect than bloodletting from the arm, or leeching. The tongue is pressed upwards, with its point to the upper jaw, the mucous membrane divided by a few light strokes of the lancet, until the two (right and left) venæ raninæ are exposed, when an incision is made from

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above downwards as far as the veins are laid bare. The blood does not flow in a jet. A little warm water taken in the mouth promotes the bleeding. Keeping the tongue quiet is generally sufficient to control the hemorrhage; if not, pressure with a sponge, &c., is all that is required.—*Medic. Neuigk.*

3. *Cure of Nail in the Flesh without operation, by the use of a Solution of Acetate of Lead.*—An article with the above title, condensed from the *Revue Thérapeutique Med.-Chir.*, is published in the *N. A. Medico-Chirurg. Review*, and exhibits the views held concerning the cause and treatment of this disease, by Dr. Laruz, of Majorca, and Prof. Van Wangening, of Holland. They represent the disease to be not an ingrowing of the nail, but an overgrowing of the soft parts, a consequence of chronic inflammation, and recommend for its cure a saturnine wash, applied as follows:—

"The diseased parts having been washed with tepid water, the nail should be gently separated from the fungous growth by which it is covered, and two or three drops of the liquid subacetate of lead dropped between them; the parts should then be covered with raw cotton wet with the same liquid. This dressing should be repeated every hour, or every two or three hours, taking care to change the cotton every day, as it becomes hard in the course of twenty-four hours, and will no longer imbibe the solution. The application forms also, upon the surface of the granulations, a solid crust, which it is necessary to remove to prevent purulent accumulation. This dressing should be continued until there is a complete cure."

Dr. Laruz reports several cases in which both the fingers and toes were affected, and wherein various topical remedies had been applied without avail, that were treated by this method with entire success. It is probable, however, that he is over sanguine as to the general availability of the remedy in cases of the kind.

4. *Formation of Retro-peritoneal Hernia.*—From investigation on the development of the intestinal canal, according to Preitz's monography, *Hernia Retro-peritonealis*, the following facts appear: 1. During the development of the position of the intestinal canal in the embryo, a continuing diminution of the liver takes place. This diminution, however, is only relative, for absolutely the liver becomes larger, but it does not grow in the same proportion as the other abdominal organs, and in proportion to the expansion of the whole abdominal cavity. 2. The diminution of the liver is the immediate cause of the oblique position of the stomach, duodenum, and of the development of the transverse and ascending colon. 3. The partial lamella of the peritoneum is not developed in equal proportion to the expansion of the

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abdominal cavity. This is especially true of the middle and inferior zone of the abdominal space, on account of the just mentioned relative size of the liver, and the consequence thereof is, that the peritoneum is required by the mesentery to line the abdominal walls, while the colon ascendens and descendens lose their long mesentery. 4. The *transverse colon* retains its original mesentery, and makes with the latter and the large omentum a turn to the right. 5. The flexura duodeno-jejunalis moves in consequence of the obliquity of the whole duodenum to the right and downwards. This sliding of the transverse mesocolon, and the movement of the duodeno-jejunal flexure at the same time, under certain circumstances, form the *fossa* and *plica duodeno-jejunalis*, into which the contents of the retro-peritoneal hernia are inserted.—*Medic. Neuigk.*

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5. *Intussusception treated in a novel manner.*—In the September number of the *Southern Medical and Surgical Journal* we find the following, which is part of a report of a case by Dr. Tate, of West Point, Ga. :—

March 17*th*, 8 o'clock A. M. Dr. D. arrives. Upon being informed of what had been done, proposed putting the patient under the influence of chloroform, and again attempting the reduction of the hernia. The suggestion was adopted. Dr. D. failed in his attempts at reduction. Whereupon I proceeded to operate for strangulated inguinal hernia, and accomplished in this way the reduction of the strangulated portion of intestine.

At noon, two hours after the operation, patient still continues to vomit and hiccough—says he is relieved of pain at the point of strangulation, but suffers intensely near the umbilicus (to the right of umbilicus). Prescribed ℥iss of castor oil, and renewal of the injections of warm water, using no salt. This treatment was continued until 10 o'clock at night, at which time I procured a pump syringe, and with it threw into the bowels six pounds of warm water, which was soon ejected without either smell or color; I then proceeded, after the lapse of an hour, to inject water slowly into the bowels, until they retained the enormous amount of one gallon.

Croton oil had been given since 6 o'clock A. M., in 4 drops at a dose, repeated every hour until 16 drops were given, without the least effect upon the bowels being manifested.

18*th*, 2 o'clock A. M. Being well satisfied that an intussusception, or other mechanical obstruction, existed above the strangulated point, and having, as I conceived, used every remedy worthy of trial in such a case, I determined to proceed upon my own responsibility, let consequences be as they might; therefore, I began again the use of warm water enemas, throwing them into the bowels slowly and cautiously; and after having introduced, by a pump syringe, one gallon of water, I next dissolved 40 grs. of *tartaric acid* in ℥iv of water, introduced that into the intestine; had a large compress prepared and placed in the hands

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of a strong negro fellow, with instructions to apply it to the *anus*, and hold it there, so as effectually to prevent the escape of either gas or water after I should introduce 40 grs. of *bi-carb. of soda*, dissolved also in ℥iv of water. The soda was introduced, the compress used admirably, and poor Will rolling on the floor, crying at the top of his voice, "I shall burst, I shall burst—take that thing away, my bowels are tearing in two." The compress was removed; gas, water, and fecal matter escape freely, to the astonishment of all bystanders. In half an hour the same amount of warm water, tartaric acid and soda were used again, and with the same happy effect.

The only medicine given after this was calcined charcoal, which passed through his bowels with no difficulty. All being well satisfied that the obstruction was fully overcome, and Will declaring himself cured, he was discharged on the 20th.

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6. *Strictures of the Urethra.*—Dr. Thielman (*Med. Gaz. of Russia*, 1857) has, for thirteen years, treated strictures of the urethra solely with iodide of potassium. Twenty-seven cases in the St. Peter and Paul's Hospital, at Petersburg, of different degrees of intensity, were cured solely by this means. The cases were generally of long standing, and in the majority of cases accompanied by gleet. A solution of ℥ij of the iodide to f℥vj of water was given—a teaspoonful three times a day. When the specific effect of iodine set in, smaller doses were given, till the patient could bear the full dose. The first effect of the remedy is an increased gleety discharge, and subsequently a "melting down" of the cicatrized tissue, constituting the stricture. The stream of urine soon becomes larger, and finally assumes its normal size. The duration of treatment was from two to eight weeks. In cases where the stricture could be felt externally, iodine ointment (℈j to ℥j) was applied. The gonorrhœal discharge in many cases ceased spontaneously, while in the rest it was removed by the usual means.—*Medic. Neuigk.*

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7. *Paralysis of Facial Nerve.*—Deleau (*Gaz. hebd.*) contends that paralysis of the facial nerve is only in the rarest cases an essential disease, while in most cases it is dependent upon *constriction* of the facial nerve in the Fallopian canal. Hyperakusis, which accompanies facial paralysis, is a symptom of *internal otitis*, and the latter must become the subject of therapeutical means, if we wish to remove the facial paralysis. [Easier said than done.—TRANSL.]

(*b.*) PATHOLOGICAL AND THERAPEUTICAL.

1. *Treatment of Whooping-Cough.*—Dr. Laurence Turnbull, of Philadelphia, in an excellent monograph, read before the Philadelphia Co. Medical Society, gives his own experience, and collates that of others in

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the treatment of whooping-cough. We propose to present a summary of the principal methods of treatment.

When no complication exists, there are but two classes of symptoms to be combated in this disease, viz.—Inflammation, which must be reduced by depletion, expectorants, and refrigerants; and secondly, irritation of the laryngeal constrictor and bronchial muscles and nerves, together with the abundant secretion from the mucous membranes. After the inflammation has been subdued by the moderate use of cups, leeches, blisters, or counter-irritation, and the use of nauseants and refrigerants as indicated, the case is prepared for an exhibition of other remedies.

Belladonna.—Dr. Turnbull has used belladonna with the most gratifying results. In twenty cases, eight males and twenty (twelve?) females, he was enabled to check the annoying cough and whoop as soon as the system was fully brought under the influence of the belladonna as indicated, by dilatation of the pupil, with confused vision and reddened skin. The following is the method of using the belladonna. The inflammation being reduced by the means before indicated, obtain, if possible, English extract of belladonna, fresh and good,[1] let the extract be triturated with water or simple syrup; if it is to be kept for some time add a small quantity of alcohol. The dose for a child three months old, is the sixteenth of a grain every three hours, to a child of one year, one-eighth of a grain, &c. Inform the parent or nurse of the change it will produce on the eye; also, that it may redden the skin. When full dilatation of the pupil is brought about, the medicine is to be intermitted until it has gone off again. The belladonna is to be administered in slightly increasing doses, so as to keep the child under its influence for several days, or until the paroxysms are checked, which will usually occur towards the sixth or eighth day of the second stage of the disease. There is a disposition to a return of the cough and whoop on exposure to cold, but a few doses of the belladonna with syrup of ipecacuanha, will soon check both.

The average duration of Dr. Turnbull's cases, when free from complications, was ten days after the whoop had commenced, showing the great advantage of this treatment, as when treated in the usual manner, it continues from 1½ to 3½ months.

Dr. T. quotes the experience of the following writers in favor of belladonna: Dr. Buckhaave, of Copenhagen; Dr. Miguel, of Neuerhaus; Dr. Sam'l Jackson, "formerly of Northumberland;" Dr. Hiram Corson, Dr. Eberle, Borda—who was the first, according to Eberle, to use it as

[1] We presume that Tilden's extract would be quite as reliable.—Ed. Med. and Surg. Rep.

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a remedy in this disease—Hufeland, Alibert, Dr. Condie, Dr. Williams, of London, Dr. G. A. Rees, Dr. Waller, Aberle, Dr. Churchill, Debreyne, and Dr. A. T. Thompson.

Alum.—This remedy is highly recommended by Dr. Golding Bird, the following being his formula for using it: ℞.—Aluminis gr. xxiv; ext. conii gr. xij; syrup. rhœados f℥ij; aqua anethi f℥ij.—M. Give a medium sized spoonful every six hours. We have used this formula with great satisfaction. It is recommended by Dr. J. F. Meigs, Dr. Crossly Hall, and Dr. Davis.

Hydrocyanic Acid.—This remedy is highly extolled by Dr. Thompson of London, who regards it as possessing a "specific power" over the disease. Dr. West, of London, says, that "the acid sometimes exerts an almost magical influence on the cough, diminishing the frequency and severity of its paroxysms almost immediately, while, in other cases, it seems perfectly inert; and again, in others, without at all diminishing the severity of the cough, it exerts its peculiar poisonous action on the system so as to render its discontinuance advisable." He recommends it to be given by itself, diffused in a little distilled water, sweetened with simple syrup; and the dose he begins with is half a minim every six hours, for a child nine months old.

Dr. Hamilton Roe gives to an infant three-quarters of a minim of hydrocyanic acid, Scheele's strength, gradually increasing it to a minim, which is administered every four hours. Dr. Roe is convinced from his experience with this drug, that it will cure almost any case of simple whooping-cough in a short time. Dr. Edwin Atlee first used it in 1824, and up to March, 1832, he had treated more than two hundred patients and never failed to cure in from four to ten days.

Iron—Dr. H. C. Lombard, of Geneva, calls the precipitated subcarbonate of iron his specific in whooping-cough. It was recommended by Dr. Steyman in doses of from four to ten grains in twenty-four hours. His rule was to increase one grain for each year, so that a child six years old would take six grains a day. Dr. Lombard, however, found this dose inadequate and increased it to 24 and 36 grains in young children, giving it either with water or syrup or mixed with a cough mixture. Dr. Lombard speaks of the remedy in the highest terms, and it would seem to be very appropriate to weak, debilitated cases. In some cases Dr. Lombard observed a temporary increase of the cough during the first days, but it always subsided after two or three days, and did not prevent the good effects of the medicine.

Garlic, cinchona, tincture of cantharides, and nitrate of silver have been recommended by different writers. Cauterization by nitrate of silver, gr. xv to a fluidounce of water, has also been resorted to.

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Nitric Acid.—Dr. Arnoldi, of Montreal, recommends nitric acid as follows: "To a tumbler full of very sweet water (almost syrup), add as much acid as will bring the water to the strength of pure lemon juice, when it will be ready for use; an adult may consume this quantity in three or four hours, a child one year old may take a dessert-spoonful every hour." The efficiency of the remedy depends upon the amount taken, and the frequency of repetition. To save the teeth he advises a solution of carbonate of soda, two drachms to eight ounces of water, to be used as a gargle immediately after taking the acid.

Dr. Fleetwood Churchill used chloroform by inhalation, with some good effect.

Change of air is spoken of as a very important auxiliary in the last stage of the disease and the resulting debility. Exposure to cold and inclement weather must, however, be carefully guarded against.

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2. *Tincture of Chloride of Iron in Erysipelas.*—Dr. W. W. Parker, of Richmond, Va., speaks very highly in the *Virginia Med. Journ.* of the effects following the exhibition of the tincture of the chloride of iron, in erysipelas. He relates nine cases successfully treated with it, many of them very severe and extensive. The aggregate sick days of these nine patients were 87, an average of $9\frac{3}{9}$ to each. Deducting 28 days of one who, from her extreme age, ignorance and poverty, could not receive proper attention, the average is reduced to $7\frac{3}{8}$ days. This would seem to be a decided abreviation of the time usually occupied by this disease. The dose given was from twenty to thirty drops every two, three, or four hours, as the disease was or was not severe.

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3. *Apocynum Cannabinum, or "Indian Hemp" as an Anti-periodic.*—In the Reporter for May last (p. 256), our readers will find an article entitled *Asclepias Syriaca as an Anti-periodic*, being a summary of an article by Dr. Richard S. Cauthorn, of Richmond, Va. It seems by a letter from Dr. Cauthorn to the *Virginia Medical Journal* for November, that he was in error in supposing that the plant with which he experimented was the *Asclepias Syriaca.* A closer examination of the plant since it has put forth its leaves and flowers, shows it to be the *Apocynum Cannabinum*, or *American "Indian Hemp."* Dr. Cauthorn's experience with this plant enables him to speak of its anti-periodic qualities in the most glowing terms, rivalling quinia itself in equal doses. He gives the powder of the bark of the root in doses of four to six grains or more in pill every two or three hours during the apyrexia.

The asclepias syriaca possesses anti-periodic qualities, but it is the apocynum cannabinum that Dr. Cauthorn wishes to recommend.

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4. *Aconite as a Therapeutic Agent.*—The value of aconite as a therapeutic agent, is urged in the *Medical Observer*, by a writer who gives it as his opinion that a quality attributable to it is, that while consciousness may be in no degree impaired, both general and special sensibility will be greatly diminished. Thus Pereira relates that a dog under its influence, will wag his tail when noticed by his master, and endeavor to follow him, though quite insensible to pinching, and pricking of a needle.

I have found good results from the use of aconite, in almost the entire range of neuralgic affections, and in those obscure complications of rheumatism and neuralgia in which there is freedom from local or constitutional trouble, independent of the nervous derangement; but more particularly in such cases as are usually styled pure neuralgia, I have frequently had results as prompt and satisfactory as were recently attributed to valerianate of ammonia.

Something more than a year ago, a lady called upon me for advice, for a severe neuralgia of the face and head. From the history of the case, I supposed it to be a result of previous attacks of miasmatic disease, and accordingly prescribed quinine, which relieved her temporarily, but every few weeks she would have a relapse, and for several days at a time would suffer excruciatingly. In addition to the quinine, quite a variety of customary treatment was resorted to, until I directed the following prescription, after she had suffered a week, and had tried without avail, all the remedies that hitherto had given temporary relief. ℞.—Tinc. aconite *root* f℥j; tinc. cimicifugæ f℥ij.—M. Sig. Take a teaspoonful every four hours. My patient took three doses, when she was promptly and entirely relieved; and what is better, she has scarcely felt a neuralgic twinge since, now about ten months.

In another case a friend had for a long time suffered a peculiar *form* of neuralgia, or neuralgic rheumatism in the arm, which seemed to yield to no remedy, even temporarily. I suggested the aconite. The result was equally prompt with that of the case I have just given. I might multiply these satisfactory examples to a considerable extent. * * *

In the dose given above, I have never seen any effects sufficiently marked or violent to occasion any alarm. The tinc. cimicifuga is intended chiefly as a vehicle, but selected with the view to its contributing to the special effect of the aconite. I have not tried the aconite in acute rheumatism, but in the chronic rheumatic pains, particularly such as aged people complain of, I have seen very excellent effects. There is one form of neuralgia, associated with uterine derangement, which I have frequently met with, coming up sometimes in connection with the catamenial period, or immediately subsequent to it, in which there is

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pain through the hips, sacrum, and uterine region. Sometimes I have seen this group of symptoms succeed abortion. I remember a case of this kind where the local distress I have just alluded to remained very troublesome for several weeks, while much of the time there was almost uninterrupted sleeplessness, despite the use of opiates. The tinc. aconite given through the afternoon and evening, relieved the neuralgic pain, and secured a sweet and refreshing sleep through the night.

[Relying upon the observations contained in the above article (which we have culled from the *Medical Independent*), we tried the formula mentioned in a case of very protracted general neuralgia, affecting chiefly the muscles, and the cutaneous surface. It is one of the most severe and universal cases we have ever met with, scarcely a portion of the skin being free from excessive tenderness, and hardly a muscle that could be moved, without excruciating pains at night, and the patient *never* free entirely from the neuralgic irritation, notwithstanding that all the general functions of the system were healthy. It was a member of our own family, and no case could seem a fairer one for the application of the aconite in form and dose as prescribed above. One teaspoonful satisfied us we were dealing with a most uncertain remedy. Scarcely had it been swallowed, ere the whole nervous system began to feel its effects. The head felt as if swelling to bursting, optical illusions occurred, as if the patient was looking through a long tunnel with a light at the opposite end, nervous tingling all over the body, all the muscles of the face seemed to be playing pranks, the skin all over seemed as if raised from its bed, and as if a current of air was flowing beneath it, a partial loss of sense supervened, and finally convulsive movements and agitations of the limbs. Neither the pulse nor respiration, however, was at all affected, and a dose of brandy in sweetened water apparently had the effect of calming somewhat these nervous symptoms, and in about half an hour the patient fell asleep, waking, however, the following morning, with much headache and rather unpleasant feelings. Although from our intimate knowledge of the nervous idiosyncrasies of the patient, we believe this case to be no proper criterion of the effects of aconite in such or similar derangements, yet we have received a lesson of caution in prescribing it again.]

5. *Nitric Acid in the Treatment of Intermittent Fevers.*—Dr. J. A. Coons, of Dayton, Ohio, in a recent report to the Medical Society of that State (*Ohio Med. and Surg. Journal*), speaks as follows of nitric acid as a substitute for quinia in the treatment of intermittent fever:—

"My attention was called to this article by Prof. Mendenhall, of Cincinnati, in May, 1854, and from that time until the next September, I prescribed it in 36 cases of intermitting fever, with the following results:

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"In 10 cases there was no chill after taking acid.

"In 8 cases there was one chill after taking acid.

"In 4 cases there were two chills after taking medicine.

"In 14 cases there were three or more paroxysms after the administration of the acid.

"In 35 out of the 36 the acid was successful.

"One case was treated ten days with the acid, and, refusing to submit to its influence, was treated and cured with quinine; and it is but just to say, that a case was cured with the acid about the same time, in which quinine had failed to interrupt the paroxysms after several days' use.

"These 36 cases, or a large majority of them, were treated in the Dayton City Hospital, were of both sexes, various ages and constitutions, and affected with the different types of the disease; some cases recent and uncomplicated; others of long standing, with enlarged spleen. The acid was given in eight and ten drop doses every five hours, largely diluted with water, during the paroxysms, as well as in the intervals. During treatment there was nothing else given, except mild cathartics in a few cases.

"Professor Mendenhall has tried the acid to some extent, and reports favorable to its success in the proceedings of this Society for 1854. Dr. Baily, of Indiana, has treated ninety cases with the acid, all of which, except two, promptly recovered. Fifty of his patients had no chill after taking medicine. Others have reported the acid treatment successful, but as our object is more to call attention to this article as an antiperiodic, than to establish its claims as a substitute for quinine, we will make no further quotations in its favor."

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6. *Substitute for Cod-liver Oil.*—Dr. G. P. Cammann, in a letter to the *N. Y. Journal of Medicine* (Jan. 1857), proposes the oily substance taken from the cavities in the head of the spermaceti whale—known in commerce as "head matter"—as a substitute for cod-liver oil. It should be used in its fresh state, as it becomes rancid by keeping. It may be obtained from the manufacturers of sperm candles. Kane says spermaceti consists of two atoms of margaric acid, one of oleic acid, and three of ethal. Dr. C. proposes as an appropriate name for the substance proposed—Ol. Ethal, as being composed mostly of oils and ethal.

"It is preferable to cod-liver oil on account of being more agreeable to the taste, leaving a pleasant flavor in the mouth, and also being more nutritive and soothing. It is also less apt to disagree with the stomach, and does not cause offensive eructations. The patient may take it either pure, in coffee, or with bread, boiled rice, potatoes, etc. When required, tinct. opii camph. or liq. ferri iod. may be added."

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7. *Valerianate of Ammonia in Neuralgia.*—There has been a great deal said in the journals concerning Déclat's treatment of neuralgia with valerianate of ammonia, and a great deal of confusion as to the size of

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the dose. In an article taken from a foreign journal by the *Boston Med. and Surg. Journ.*, we find the following:—

"The medicine first introduced to the notice of the profession by Déclat, is a solution of valerianate of ammonia of a fixed strength, which has long been prepared by M. Pierlot, a pharmacien in Paris, and which has been extensively exhibited to the epileptics, both at the Salpêtrière and the Bicêtre. M. Pierlot has at length published his formula, which is as follows: Distilled water, 32 drachms; valerianic acid, 1 drachm; subcarbonate of ammonia, q. s. To neutralize the acid, add alcoholic extract of valerian, 2 scruples. Drs. De Saussure, Tuffnell, and others, testify to the success of this remedy in teaspoonful doses or more, taken several times a day."

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8. *Quinine in Rheumatism.*—This article is now used to some extent by the French and Swiss physicians in acute rheumatism. Dr. Delaharpe, of Lausanne, reports (*Prag. Vierteljahrsschr.*) his experience with this remedy. In 27 cases of rheumatism treated antiphlogistically, the medium duration was 41 days; in 20 cases treated with quinine, only 21 days. Doses of two or three grains are repeated every four or five hours. In from twenty to thirty hours the pulse becomes depressed; this action upon the pulse becoming most marked from the third day upwards. From the fifth to sixth day, the pulse becomes soft, and rather slow than otherwise. At the same time moderate perspiration occurs, but not possessing that acid odor perceived under the antiphlogistic treatment. Toward the termination of the treatment, gastric irritation ensues, which yields, however, to lemonade or a saline cathartic. Delaharpe supposes that the quinine increases the quantity of blood-corpuscles, and that thereby the excess of fibrine seems to be reduced to its normal standard.

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9. *Quinine in Cholera.*—Dr. Gudas, of Athens, employed the tannate of quinine in cholera with favorable results. He prescribed twenty-four to thirty grains of the remedy with opii, ferri et rad. ipecacuanhæ, āā gr. ½, divided into four doses, of which one was given every quarter hour or hour, according to the urgency of the symptoms. After the first few doses, the most violent symptoms were generally superseded by a salubrious reaction combined with perspiration. Cases where a high degree of cyanosis had not yet taken place, ran their course rapidly and favorably under this treatment. In the stage of complete cyanosis, Dr. G. thinks active and energetic measures injurious.—*Deutsche Klinik.*

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10. *Solution of Iodine and Tannin for External and Internal Use.*—To unite the effects of iodine and tannin, 10 parts of iodine are rubbed up with 32 parts of tannin, in a glass mortar, and, for *external* use, so much distilled water added, that the weight of the yellowish, odorless solution amounts exactly to 200 parts. For *internal* use, the above quantity of iodine and tannin is rubbed up with a little water, and so much syrup (either common or aromatic) added, that the weight of the whole mass amounts to 1000 parts. This preparation then contains one per cent. of iodine.—*Oesterr. Zeitschr. f. Pharmazie.*

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11. *Resina Kousso in Tapeworm.*—To avoid the nauseating effects so common to Kousso flowers, however differently the mode of administration, Dr. Martins recommends the resin of the kousso flowers, extracted in the same manner as the resina jalapæ. Two scruples to one drachm of the resin are dissolved in about three drachms of alcohol. This solution is then poured on a piece of sugar weighing about half an ounce. After the sugar has dried by evaporation of the alcohol, it is powdered, three drachms of powdered sugar being added. The whole is then divided into five doses, four of which are given at six, seven, eight, and nine o'clock in the evening, the remaining at six o'clock in the morning; an hour later, six to nine drachms of Glauber's salts are given dissolved in water.—*Ibid.*

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12. *Purulent Infection.*—Prof. Virchow publishes in his *Archiv* a criticism of the doctrine of purulent infection. In his opinion, the presence of pus in so-called pyæmia cannot be positively demonstrated. Many cases, where observers thought of having seen pus-globules through the microscope, Virchow thinks to have been cases of leukæmia or *polyleukokythæmia* (!)—increase of white blood-corpuscles. Colorless blood-corpuscles, like pus-globules, are capable of the most various modifications; both cannot be specifically distinguished from each other. By injection of putrid substances into the blood, a fatal disease, it is true, can be excited, but it does not present the symptoms of pyæmia. The so-called venous pus, which has been looked upon as the cause of pyæmia after purulent phlebitis, is no pus at all, but the detritus of fibrine and blood-corpuscles of the thrombus. The passage of pus into the blood can almost never be demonstrated, except in those rare cases where its *absorption* (?) was possible, or where abscesses emptied into the interior of a vessel; and in these very cases no pyæmic symptoms were manifest. Cases of extensive suppuration occur where, in spite of the most violent pyæmic-typhoid fever, nothing can be found after death to explain it. There are furthermore cases of extensive suppurative

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diathesis, in which a *post-mortem* reveals a mass of so-called metastases, while during life no pyæmic symptoms were present.

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13. *The Influence of Light upon the Vital Functions.*—Moleschott has, in connection with Dr. Marmé, investigated the influence of light upon various vital functions by a series of experiments. From his researches it is evident, that the elimination of carbonic acid takes place more rapidly and thoroughly under the free admission of light than in the dark. His most recent experiments relate to the influence of light upon the irritability of the nerves. The result of his numerous experiments, the details of which we cannot give here, may be given as follows: "*The irritability of the nerves of animals living in the light, is greater than in animals of the same species, sex and size, living in the dark.*" The animals experimented upon were frogs. The ischiatic nerve was principally used to take the measurements, a multiplicator of 24,000 coils being used, according to the well established principle of Dubois Reymond, that the degree of electro-motory action of a nerve is proportional to its functional capacity.[1] Galvani's contractions were also employed, and chemical irritants were used in another series of experiments with the same results.

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14. *Bronzed Skin.*—Professor Virchow, in a discourse on "Bronzed Skin" (Addison's disease), delivered before the Society of Scientific Medicine, at Berlin, in which he criticizes at length Addison's theory

[1] While there can be little doubt of the truth of this principle, we cannot subscribe to the theory which is frequently advanced, and to the support of which Dubois Reymond's experiments are adduced, namely, that the nervous influence consists in electricity or a modification thereof. Helmholtz, the inventor of the ophthalmoscope, a most careful observer, has in a very ingenious method determined the *celerity* of nervous action. The nervous force, influence, or whatever it may be called, travels in the nerves of the frog with a celerity of 26–27 metres, in man with a rapidity of 61.5 metres per second, while according to Wheatstone, electricity travels at a rate of 288 miles per second. From these facts it is, in the language of a German reviewer, proper to reason, that, "inasmuch as the nervous excitation travels with such unexpectedly low celerity, what we call *nervous principle*, cannot be a process similar or analogous to electric motion. As it is known from physics, that those processes which take place with finite and not very great celerity, depend upon the motion of material particles, which communicate their motion to the adjoining molecules, we infer that nervous action and its propagation consists in this, that in a certain number of molecules motion is induced, which is transferred to the adjoining particles, from these to their neighbors, etc. etc. Hence nervous excitation (force, action, influence), and its propagation, consists in the excitation of motions of the single material nerve particle, and the conduction of these motions to their neighbors."—*Transl.*

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"that bronzed skin is to be considered a specific affection, and owing to degeneration of the supra-renal capsules," concludes this theory to be arbitrary and unphysiological from the following reasons: 1. Not a small number of cases of degenerative disease of the supra-renal capsules run their course, without a change in the color of the skin. (Virchow showed several preparations of tuberculous, cancerous and cystoid degeneration of the capsules, where no discoloration of the skin had taken place.) 2. In *four* cases quoted by Addison himself, only *one* capsule was diseased, while the other was healthy; if the bronzed skin is owing to *functional disturbance* of the capsules, there is no reason why the healthy organ should not act vicariously for the one diseased. 3. Cases have been observed where there was evident bronze discoloration of the skin, but the supra-renal capsules were found entirely healthy.

(*c.*) OBSTETRICAL.

1. *Cases in Midwifery.*—Dr. Thomas F. Cock, of New York City, publishes the following cases (taken from the *New York Journal of Medicine*), occurring under his observation during fifteen years. We present them in a condensed form, and rearranged. It strikes us that these cases would have been much more valuable had he also given his *uncomplicated* cases, with the presentations, proportions of males and females, length of labor, time of day, etc. It is due to Dr. C. to say that in a large number of the cases he was called in consultation.

Presentations.—(Face). 8 cases. Anencephalous, 2; rupture of uterus, 1; presentation of funis, 1; born alive, 4. *Mode of Delivery.* Unassisted, 6; by perforation, 2. *Length of Labor.* Longest, 14 hours; shortest, 4 hours. *Presentation.* (Noted in four cases.) Left mento-iliac, 3; right mento-iliac, 1. *Results.* Fatal to mother, 1; fatal to child (necessarily), 4.

Inferior Extremities.—(Breech, knees, and feet), 27 cases. Single cases, 20; twin cases, 7. *Results.* Fatal to mother, none; fatal to infant, 12; of which, two were putrid and two others premature. Those of the stillborn, 3 are noted as multiparous and 4 as primiparous. *Sex.* (Noted in 23 cases.) Boys, 12; girls, 11. *Recurrence.* In one case, all the births (4), and in another, all (5), were by the breech. In two, there were two breech cases out of eight labors.

Superior Extremities.—(Cases of version), 13 cases. *Results.* Fatal to mother, none; fatal to child, 10; of which 1 was a premature birth, and 5 were certainly dead before any attempt was made at delivery. *Sex.* (Noted in 9 cases), of which 7 were male and 2 female.

In performing version, no effort has been made to group *both* feet, but a selection of the foot opposite to the presenting hand has been at-

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tempted, and this, experience proves to be the most satisfactory mode of manipulating. In cases where one foot has been brought externally, and delay has occurred in producing turning, it has been thought that benefit has ensued from passing the hand beyond the breech, while traction is made on the foot in the vagina, and thus, by double purchase, some refractory cases have yielded.

Funis.—5 cases. *Number of Labor.* Multipara, 4; primipara, 1. *Complications.* Face, 1; hand, 1; premature birth, 1. *Duration of Labor.* From 4 hours to 2 days. *Mode of Delivery.* Embryotomy, 2; version, 1; left to nature, 2. *Sex.* All were male. *Results.* Mothers all saved; but one child was saved, by resorting to version.

Twins.—15 cases. *Number of Labors.* Multipara, 7 cases; primipara, 7 cases; not noticed, 1 case. *Presentations.* Noted in 14 cases; two cephalic in 7 cases; two breech in 2 cases; one head and one breech in 3 cases; twice with the second twin a hand, the cord, and a foot presented. *Sex.* (Noted in 12 labors.) Two boys occurred in 2 cases; two girls in 7 cases; boy and girl in 3 cases. In the latter cases the boy was born first. *Interval.* Forty-eight hours, 1 case; thirty-two hours, 1 case; seventeen hours, 1 case; three hours, 1 case. In the remainder, the second labor came on immediately. *Results.* Both living in 11 cases; both stillborn in 2 cases; one of the children dead in 2 cases. One mother died from albuminuria. *Number of Placentæ.* Recorded in 9 cases. Single in 5 cases. Two in 4 cases.

Placenta Prævia.—6 cases, 5 of which were partial, and 1 centrical. *Mode of Delivery.* By uterine efforts aided by ergot, 4; forceps, 1 (fatal); detaching placenta, 1. In three cases rupturing the membranes was of service. Two cases occurred at the seventh month of pregnancy. *Results.* Fatal to the mother, 1; fatal to child, 5.

Retained Placenta.—16 cases. *Cause of Retention.* Adhesion, 14 cases. Irregular contraction 2 cases. *Number of Labor.* Multipara, 5; primipara, 10; not mentioned, 1. In one case the placenta was adherent in a first and second labor. *Result.* Favorable in all the cases. Inertia was in no case the cause of delay, attributable, Dr. C. thinks, to the practice of firmly compressing the uterus with his own hand from the time of expulsion of the head to the severing of the cord. When the adhesion was accompanied with flooding, prompt attention was given to the removal of the placenta.

Forceps Cases.—29 cases. *Number of Labors.* Recorded in 26 cases; multipara, 5 cases; primipara, 21 cases. *Age of Parents.* Youngest, 23 years; oldest, 43 years; the majority being over 30 years. *Sex of Children.* Recorded in 20 cases; of which, female, 14; male, 6. *Du-*

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ration of Labor. Shortest recorded, nineteen hours; longest, four days. *Results.* Recorded in 24 instances; born alive, 15; stillborn, 9.

Embryotomy.—Number of cases, 14, of which only one was in Dr. Cock's own practice. Life was extinct in all the cases before the operation was performed. In five cases the mothers died, in one case from rupture of the uterus and in four from fever. Of ten cases recorded, only one was a multipara. Rupture of the uterus occurred in three cases, and three of the children were hydrocephalic.

Hemorrhage. (No record has been kept of hemorrhage in connection with abortion.) Number of cases met with, 28; of which only one proved fatal. *Causes.* Placenta prævia, 6 cases; retained placenta, 6 cases; uterine hydatids, 2 cases; placental apoplexy, 2 cases; inertia of uterus, 4 cases; detached placenta, 1 case; not recorded, 5 cases. *Time of Occurrence.* Before labor, 14 cases; during labor, 10 cases; before delivery of placenta, 14 cases (the cases of placenta prævia are reckoned under all these heads); after delivery of placenta, 6 cases. Secondary hemorrhage was noticed in one instance.

As a *temporizing* measure in flooding before labor or before delivery, the alum plug has been relied on with much confidence, and in no ordinary case has it disappointed. Its use, however, is attended with one serious inconvenience in cases where operative measures become necessary; so great a corrugation of the vagina is produced, and such dry and obscuring coagula are formed, that no slight embarrassment in manipulating occurs. Aside from this objection it is a remedy of value, and in hemorrhages connected with abortion it has been found peculiarly useful.

Rupture of Uterus.—Cases noted, 8. *Number of Labors.* All were multiparæ. *Presentation.* All were head. *Cessation of Pains.* Occurred in 4 cases; *vomiting* in 4 cases. *Duration.* Two days or more in two cases. *Mode of Delivery.* Perforation, 4 cases; forceps, 1 case; turning, 1 case. *Cause of Rupture.* Hydrocephalus, 1 case; contracted pelvis, 2 cases; abnormally thick, muscular uterus, with large child, 1 case; mal-adroit attempts to deliver, 1 case. *Seat of Rupture.* Anteriorly near neck, 3 cases; posteriorly, 1 case; on right side, 1 case. *Results.* Fatal to mother, 6 cases; recovered, 2 cases. All were fatal to child. *Lived after Rupture.* Died in 2 hours, 1; in 10 hours, 1; in 11 hours, 1; in 21 hours, 1.

Convulsions.—(Cases of eclampsia only have been placed on record.) Number of cases recorded, 7. *Variety of Convulsion.* Epileptiform, 6 cases; hysterical, 1 case. *Premonitory Symptoms.* Pain in head, 3; œdema was a prominent symptom in all except the hysterical case, in which the feet only were œdematous. *Number of Labors.* All were

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primiparous except one, the hysterical case. *Number of Children.* One was a case of twins, all the rest were single births. *Time of Occurrence.* During labor in all, seven; continued afterward in four cases. *Number of Convulsions.* In two, 4; in one, 8; in one, 14; in one, 18; in one, 15; and in one a single hysterical paroxysm. *Mode of Delivery.* Natural in 3 cases; by forceps in 4 cases; in one case version for a second twin. *Mode of Treatment.* In all but one venesection was used; chloroform was employed in 4 cases; tartar emetic in 2 cases; enemata, sinapisms, and cups were used in all. *State of Urine.* Noted in 5 cases; in all of which, albumen was found. *Results.* Favorable to mother in 5 cases; death in 2 cases; of children, saved 4; stillborn, 4; both twins being dead.

Dr. Cock records two cases of monstrosity; three cases of hydrocephalus, and two of vesicular mole. Also, a case simulating rupture of the uterus; a case of occipito-pubic presentation, the sagittal suture occupying the antero-posterior diameter of the superior strait; a case of labor with disease of the heart, resulting in death; one in which dyspnœa threatened dissolution for some time after delivery. The patient had hypertrophy of heart, and was much troubled with dyspnœa during the latter months of gestation. She finally recovered.

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2. *Placenta Prævia.*—P. Dubois in remarks[1] on Simpson's method of separating the placenta in placenta prævia, expresses himself against this method, because the results obtained by it are so unfavorable to the children. Drs. Cazeaux and Depaul express themselves in a similar manner. The German accoucheurs, however, are mostly in its favor. Referring to Dubois' objections, the editor of the *Erlanger Medicinische Neiugkester*, remarks: "Notwithstanding the objections just alluded to, we are in favor of Simpson's method because its results are so favorable for the mothers. In hemorrhages from *placenta prævia* the life of the mother, as well as the child's, is at stake. The life of the mother is for us more important than that of the child, and if her life can be brought in more favorable constellations by medical interference, than that of the child, it must be done. [Dubois' objections we can hardly believe to be placed on purely *scientific* grounds.—TRANSL.]

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3. *Tincture of Iodine in Uterine Hemorrhage.*—Dr. M. Dupierris, of Havana, Cuba, in an extended article, published in the *N. A. Medico-Chirurgical Review*, on the treatment of uterine hemorrhage, recommends the use of tincture of iodine, applied to the bleeding surface of

[1] Gaz. des Hôpit. 43, 1857.

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the womb, by means of a siphon syringe. His plan is to inject into the cavity of the uterus half an ounce of the tincture of iodine mixed with an ounce of water. He details cases marked with symptoms of the most alarming character where this mode of treatment was followed by very prompt amelioration of the symptoms. He adopts it and recommends it in all bad cases of uterine hemorrhage, and not only to those attending labor, but those more chronic in their character. He claims to have used the remedy more than a hundred times, and to have found but one case to resist it.

(*d.*) TOXICOLOGICAL.

1. *Poisoning by Opium.*—Dr. N. L. Folsom, of Portsmouth, reports in the *N. H. Journ. of Med.*, a case of recovery from poisoning by opium, in a child six years old, by the application of scalding water to the feet. The patient was in a state of complete insensibility, with no pulse except very slight in the carotid artery, not the least sign of respiration, and paleness of death of the countenance. In a moment after the application of the hot water, by means of cotton cloth, the child drew up its feet, gasped, and then relapsed as before. The heat was then reapplied, with the same result, though each relapse seemed to be the last death gasp. For three hours the hot water was applied with the cloth, as often as the feet ceased to be drawn up. This treatment was followed by stimulating injections, beef tea, and an occasional application of hot water for the next twelve hours, to prevent sleep.

2. *Antidotes for Strychnia.*—The following is the treatment proposed by Bouchardat (a late authority), as we find it quoted by Dr. L. Ch. Boisliniere, in the *St. Louis Medical and Surgical Journal*:—

"1. Empty the stomach, as promptly as possible, with an emetic of *very salt* water, or tartar emetic; give the salt water in very *large* doses.

"2. Give, after repeated doses of *iodurated water*, prepared thus: R.—Iodide of potassium, four scruples; Iodine, six grains; Water, one quart. The dose is half a tumbler full. It is necessary to give an *excess of this antidote*; for it has been found that the iodide of the iodhydrate of strychnia, although completely insoluble in acidulated water, was still poisonous.

"3. *To oppose the tetanic symptoms* caused by the absorption of the strychnine, we have not, unfortunately, sufficient clinical data for a sure treatment. There are, however, certain general principles upon which we can act. For instance, in strychnia poisonings, respiration must be, by all means, kept up either by inspirations of oxygen, or by alternate pressure and expansions of the thorax. (Galvanism.)

"As soon as the vomiting is under control, *opium* must be used as the most sure and most prompt agent to oppose tetanic rigidity. If the vomiting continues, *tincture of opium* might be used in injections. Repeat this remedy according to the effect produced."

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MEDICAL SOCIETIES AND CLINICAL REPORTS.

Art. VII.—*Philadelphia County Medical Society.*

December 9, 1257. Dr. Emerson, President, in the chair.

Dr. Biddle read, by consent, a report of resolutions, &c., from the Chester County Society, highly approving of the action in the McClintock case, and the course pursued by the gentlemen who resigned from the Institution. Referred to the Committee on that subject.

Croup.—The subject announced for the evening was Croup. Dr. Henry Hartshorne, who opened the discussion, commenced by remarking that a systematic dissertation would be quite superfluous on so familiar a subject as croup; he designed only to advance certain propositions, with a view to debate, so as to ascertain how far the members are agreed upon some points, not unanimously decided by the profession, in regard to a disease whose mortality is so considerable, being, in 1856, nearly ten per cent. of that from all diseases of the respiratory organs. As a postulate, it may be assumed that we all understand by croup an acute cynanche or anginosa, whose signs are a hoarse cough, difficult and audible respiration, and aphonia, the seat of the disorder being the upper portion of the air-passages. Its place in nosology has been empirically, or conventionally, or clinically, rather than systematically, established. He advanced the following propositions for discussion:—

1. The pathological elements of croup are, *a*, spasm; *b*, hyperæmia, or congestion; *c*, inflammation, either ordinary or diphtheritic. The *spasm* affects especially the arytenoid muscles, the epiglottideus, and the aryteno-epiglottideus; but may involve, also, the muscular coat of the trachea itself. The *hyperæmia* commences in the mucous membrane of the larynx or trachea, but often extends throughout the whole anterior cervical region. The *inflammation* may be located in a small portion of the same mucous membrane, or it may extend downwards, indefinitely, into the bronchial tubes.

2. We may mentally differentiate between cases in which the croupal dyspnœa results from simple spasm, from simple tumefaction, or from inflammation without any spasmodic constriction of the glottis. But, in practice, the pathognomonic cough and breathing rarely attend such an isolation of these conditions. A certain number of cases, however, occur, of purely spasmodic or nervous croup, now and then substituting more general convulsions; as, when worms have been, apparently, an exciting cause. A *purely* inflammatory case is at least equally rare. In fatal diphtheritic cases, autopsic examination has repeatedly shown that

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the amount of false membrane was by no means sufficient, *alone*, to have occluded the larynx or trachea, the result being due to the additional *spasmodic contraction.*

3. The most frequent form of the disease (common night croup) is pathologically characterized by spasm of the glottidean apparatus, with congestion and tumefaction (transient in character) of the laryngo-tracheal mucous membrane. It is, in these respects, precisely *analogous*, in nature, to the asthmatic attack, whose seat is in the smaller bronchiæ. There is no strongly marked line of separation between this form and the *catarrhal croup*, in which more or less active inflammation occurs, prolonging the existence of the symptoms.

4. Looking, then, on the hyperæmic state as simply intermediate, we may classify the cases of croup as they ordinarily occur, clinically: as 1, those in which spasm predominates; and 2, those in which inflammation is the dominant condition; or, bearing in mind the above expressed qualification, into spasmodic and inflammatory cases.

5. Pseudo-membranous, diphtheritic, or "true croup," does not genetically differ from inflammatory croup, of which it is only a grade or termination—*i. e.*, any case of inflammatory, or catarrhal croup, *may* end in the exudation of coagulable lymph within the air-tubes.

6. Whether this shall occur or not, in any given case, depends, *a*, on the degree of the inflammation; *b*, on the state of the blood of the patient.

7. It cannot be predicated, on the ground of experience, that either vigorous and plethoric, or feeble and anæmic children, are especially prone to the diphtheritic form or termination of inflammatory croup. It may, and does, occur frequently in both.

8. The ordinarily recognized signs for the diagnosis of inflammatory from non-inflammatory croup, are sufficient, viz: the *duration* of the croupal cough and voice, the (generally) slow onset, the febrile symptoms, and the *stridulous* inspiration as the dyspnœa increases.

9. Inflammatory, or true croup, is, with the above inclusion (as always potentially diphtheritic), not at all necessarily fatal, although highly dangerous. The presence of the false membrane itself does not inevitably determine a fatal result.

10. In no disease does more depend on *early treatment*; which is often prevented, by the insidious approach of the attack, deluding the parents. The mortality of the disease may be thus often accounted for.

11. In the *treatment* of *all* forms of croup, *relaxation* and *secretion* are the two great desiderata.

12. In the spasmodic cases, emetics and antispasmodics (*e. g.* ipecac and lobelia) will effect these objects; especially if aided by the warm or foot bath.

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13. In mild inflammatory cases, saline purging, gentle vomiting, and the use of demulcents, counter irritation, and pediluvia, will relieve.

14. In more active cases, the loss of blood by the lancet, or by leeching, or both, will be necessary, and should be early used.

15. The most satisfactory emetic for employment, in such cases is the combination of ipecac and alum; the latter being used in teaspoonful doses, in urgent cases, until emesis is produced. Nor should the practitioner hesitate to compel *repeated* vomiting, at intervals, in desperate cases. Better for the child to risk being sick for a month, than to die of cynanche (dog-choke, as the Greeks termed it). But the alum is unlikely to do harm.

16. Tartarized antimony should not be employed as an emetic in croup; in sedative or expectorant doses, it may be advantageous.

17. Calomel, freely administered, that is, a grain every hour or two, has the highest authority in its favor in serous croup.

18. Nitrate of potassa has both experience and reason in its favor. Being a solvent of fibrin, it should tend to prevent the coagulability of the exudation. According to late theories, ammonia might do the same thing; but the clinical or therapeutic antecedents of ammonia point otherwise.

19. The great evil in diphtheritic croup is, the *solidifying* tendency of the exudation; why should not, therefore, an abundant imbibition of *fluids*, even of *water*, do something towards the counteraction of this?

20. No clear indication exists for the use of *opium*, in the majority of cases of inflammatory or membranous croup; although it may become useful in cases which are protracted, or which are attended by a more than usual disposition to spasmodic symptoms.

21. Blisters are decidedly useful; but they should not be left on long in croup; a superficial vesication only being desired.

22. The application of a strong solution of nitrate of silver to the fauces (and larynx if possible), does good in many cases; in the *pre-exudative* stage as a medicament, in the exudative, as a mechanical operator, aiding to dislodge the membrane.

23. Iodide of potassium is too slow in its systematic action to be relied on; and the same may be anticipated of bromine and the bromide; although nothing should forbid their fair trial.

24. Tracheotomy or laryngotomy will, when performed early, succeed in a fair number of cases; but in those very cases it is impossible to know that they (as well as those in which it fails) might not have recovered without it; few practitioners, therefore, in this country, can demand the operation early, and in the moribund state, the vascular congestion from asphyxia, about the throat, renders success exceedingly difficult; sometimes impossible. Upon the whole, therefore, the num-

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ber of cases in which the operation may be expected to add anything to our hope in croup, are few indeed; about as few as those in which careful surgery would justify ovariotomy.

25. Whether croup, in the inflammatory form, is ever *epidemic* is a question of considerable interest, upon which Dr. H. does not feel competent to pronounce a matured opinion. He inclines, however, to the view, that it may become so, and that, therefore, like catarrh and dysentery, it must, in certain seasons, be included among the zymotic diseases. It has *even* been suggested that it is contagious; but the proofs of this would be difficult to collect, and have not, so far, been accumulated in any distinct form.

Dr. Condie said, as he completely coincided with the gentleman in all his propositions, he had very little room for discussion. He never saw membranous croup, without laryngitis more or less acute preceding it. He knew no diagnosis between acute laryngitis and croup. In his own practice, he had never lost a case; he did not claim any great success from this fact; it may be considered as an accidental occurrence. He had, from this reason, been surprised at the great number of deaths from croup annually reported. He believed many deaths were owing to the fact that the disease is not always treated sufficiently actively in the very first stage. If this period is allowed to go over and the disease be fully formed, the case becomes extremely difficult, but even then, not incurable. He was glad the gentleman thinks bleeding and leeching of importance; this eminently so, though not in every case. In full, fat, rosy cheeked children it becomes absolutely necessary. He had opened (and preferred this mode of depletion) the jugular vein. It is simple, and not more dangerous, when skilfully performed, than operating at the bend of the arm, especially in fat children, where in the generality of cases, the veins are so deeply seated that they are difficult to reach, and even then, the flow is not sufficiently abundant to make a prompt and decided impression. Leeching was often to be preferred. Had very little faith in *emetics*. There is one that Dr. H. had not mentioned, one in which he (Dr. C.) had the utmost confidence in membranous croup, and on which he would risk his professional reputation as to its success. This was the *muriate of ammonia*. It was most effective in almost all the catarrhal affections. He combined it with tartar emetic and calomel. Some apothecaries had even come to him to ask if this mixture were not liable to produce decomposition, but he did not believe it would do so. He gave from two to four grains of muriate of ammonia, one or two grains of calomel, and one-eighth of a grain of tartar emetic, every one, two, or three hours, according to the urgency of the case, and the age and vigor of the patient. He had never seen any

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indications of croup being epidemic. He had seen records to this effect on the continent of Europe, but as these did not state whether it was genuine croup and did not detail the symptoms, he did not think it anything more than an asthmatic affection. There is no more evidence of its being contagious than there was of any other disease being so, which all ordinarily admit to be the reverse.

In regard to tracheotomy, all reports from France, where it is most frequently performed, are to the effect that it must, to do any good, be resorted to early. Now he would first like to know if these cases could not have been cured without the operation before resorting to it, as there was certainly no little danger in it, let it be performed ever so skilfully. It was not the occlusion of the rima glottidis by the false membrane that produced death, as it is generally admitted there was quite sufficient room for respiration. The operation was always attended with a determination of blood to the parts, which is what we seek to prevent. It requires in most cases our utmost care to prevent bleeding to death, or the blood getting into the trachea, and thus producing suffocation. He regarded as horrible the proposition to inject a solution of nitrate of silver into the trachea. The success in tracheotomy was small compared with the number of deaths in the institutions where it was performed.

Dr. Remington could not boast of his success unless called early to the case. The greatest number die from neglect of activity in the first stage. We cannot say, in the commencement, whether we are to have a pseudo-membranous case or otherwise, therefore it is best to commence with an emetic and warm foot-bath, then, if not relieved, the lancet. He would not limit the lancet to the age of the child. He used often a combination of calomel and tartar emetic, and liked very much three to five grains of calomel in Cox's hive syrup as a vehicle. The syrup he used after the first stage had abated, in moderate doses, to keep up a gentle nausea. He had found seneka (snake-root) highly useful as an expectorant in decoction with gum Arabic and liquorice root.

He had seen a number of cases in the latent form, and these are cases which call forth all the sympathies. The child, perhaps, would be slightly indisposed, with catarrhal symptoms, and suffocation gradually become intense; the little sufferer struggling for breath and we unable to help it.

Dr. Condie said he used in place of blisters a narrow slip of flannel, wrung out of turpentine, which produced sufficient irritation on the skin in a very short time.

Dr. Coates asked if he had seen much harm produced by blisters having diphtheritic deposits produced on their surface; as whether they had produced ulcers, &c.

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Dr. Condie answered that this did not seem to increase the symptoms under which the patient was laboring.

Dr. Coates could not speak from a very large experience, especially of late years. He had certainly lost cases, although intervals of some length and the cure of repeated instances had passed without that result. He had always been very rapid in his treatment. He agreed with Dr. H.'s propositions so well that he could find little to criticize. Had sometimes feared that he had not done justice to his practice, from want of adequate familiarity with the recent views, in which he could not always bring himself to confide; and hence it was agreeable to find Dr. H. expressing the opinions that he did. He used emetics, as ipecac. and tartar emetic, very freely, and in emetic doses, but did not ascribe so much benefit to the act of vomiting as to the production of the copious discharge of fluid from the inflamed parts which accompanies that process. He had found the same difficulty as other gentlemen in the diagnosis of the diphtheritic form. He had not unfrequently seen flakes of diphtheritic matter mixed with the other fluids of the fauces; but was not familiar with extensive adherent membrane. He had found it difficult to inspect the fauces of young children. The principal sign, in the absence of this which had influenced his mind, had been a dark-red inflammation of the half arches of the palate, without much swelling, with disproportionate pain and soreness. He was favorable to the use of caustics in these cases, but had not used them extensively. He had no doubt of the propriety of taking blood, though he believed it easily possible to take too much blood, and feared that some had advised too heroic a practice on these little subjects. A mode of treatment which seemed to come from some of the quacks, had not been mentioned, which was the application of cold water. He had met with a case where the parents and attendants had used it before calling him in. Now as he always had a great horror of this, he would like to know what the members had seen of its effects, &c. In this case other applications and remedies had been freely used, and the patient was much relieved when he saw the case. Agreed in thinking the spasmodic were not in proportion to the inflammatory symptoms. He had used the polygala senega, but thought it not half as good as tartar emetic. Tincture of lobelia he had not used, but from the analogy of croup to other diseases, where it was beneficial, he was prepared to use it. Had used ipecac. and was much pleased with it.

Dr. R. K. Smith, in regard to cold water, could say that in the neighborhood of Darby, where he had practised some three or four years ago, croup was very prevalent, and in most of the cases he saw them early: there was generally high inflammatory excitement; in nearly every case he used cold water to the throat, and even pounded ice, in bladders;

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with this, he relied almost entirely on tartar emetic: because he believed in the early symptoms, our point is to moderate the action of the heart, and reduce the plethoric state of the patient, and keep up constant nausea. Never saw one die after this constant nausea and vomiting. He liked emetics as much on account of their mechanical effects, as they thus liberated the air-passages from mucus, &c.

Dr. Hartshorne thought the violent action of tartar emetic irritated the alimentary canal, or depressed the system, so as sometimes to be dangerous, and we can obtain the emetic effect, without these dangers, from ipecac. or alum. In addition to these, little had been said in regard to the application of nitrate of silver, and its introduction into the larynx. In very young children, he found it almost impossible to use the caustic. Lobelia and opium were very interesting; they had both been considered valuable, but his own impression was not in their favor.

Dr. Smith did not use tartar emetic, &c., when there were symptoms of depression in the second stage: only in the first, and when he found an inflammatory condition. For a local application, he used a solution of arg. nit., 10 to 20 grains, in the œdematous condition of the glottis and upper part of the larynx. In the second stage, he was governed by circumstances; stimulated, if required, but keeping up nausea by serpentaria and senega.

Dr. Condie had seen, in the communications from physicians in different parts of the United States, much and powerful evidence in favor of the local application to the throat, in croup, of cold water. He never used it himself, but from its use in the Western, Northeastern, and Middle States, had heard much praise. He did not understand how an emetic can, by its mechanical action, disgorge the air-tubes of their congestion, unless followed by a relaxing effect. The mechanical effect of vomiting is to produce congestion of the lungs.

Dr. Smith explained that he meant by the mechanical effect of a vomit the reversed action of the stomach, which, pressing with the diaphragm and other muscles upon the lungs, forced the air violently out of the air-cells, and with it all mucus, &c., contained therein.

Dr. Condie never heard this idea before. In regard to arg. nit., it was difficult to use as a pencil, but it may be applied by a swab or sponge on a flexible handle, and then suddenly introduced, and even passed down to the epiglottis. But it produced the greatest distress, almost momentary suffocation, followed by a spasmodic cough, and even vomiting, and on this account, he could rarely bring himself to do it, though after the immediate distress produced had abated, it seemed to be beneficial.

Dr. Wm. B. Page said this was certainly an interesting subject to all fathers and others. He was surprised to hear the gentleman found it

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so easy to cure. He had seen every variety of treatment. Had seen Dr. Horace Green, of New York, introduce the probang into the larynx and believed that it really did enter, and seemingly without much inconvenience to the patient. Softening of the membrane thrown out was beneficial, and this was produced by ipecac., tartar emetic, and calomel. He knew, in accumulation of phlegm, that from emetics we had ejection, not only from the stomach, but from the larynx and its neighborhood. Arg. nit. he believed increased the secretion from the part, and thus relieved the engorgement of the vessels. This was carried down by sympathy, or continuity, even into the larynx. Death occurs from closure, by the accumulation of matter, and œdema, and thickening of the parts; hence the advantages of tracheotomy. In one case where he operated, he believed the patient would have recovered, had not the depressing influence of calomel been carried too far. He believed a solution of caustic, injected both up and down from the point of operation, was beneficial. Blisters and bleeding he thought beneficial. He had never used cold water, but had known it to be beneficial in other hands. Many cases may get well with the ordinary plans of treatment, and others with any plan. He had great difficulty in saving.

Dr. R. P. Thomas was much struck with the difference in the views now held by the members, in regard to tracheotomy, as compared with former times. Seven years ago this was favorably looked upon by many of the faculty. He had traced this matter up, and taken pains to inquire into some facts connected with its history. He had found that some died in three hours, or three days, some on the table; one lasted three weeks, and one single case was cured by the operation. Had known of twenty-five cases. One case in his own hands, operated on when the child was moribund, and as a *dernier ressort*, had died immediately, from the flow of venous blood stopping up the passage. Now, some will not perform it under any circumstances, and few look upon it with favor. The experience of Philadelphia is decidedly against it. Iodide of potassium, Dr. H. had alluded to disparagingly, but he believed the alkalies had great effect over the secretions of mucous surfaces everywhere, and why not beneficial in croup? The introduction of this into Philadelphia is due to Dr. Griscom; who, however, did not rely on it so much as formerly. About the same time, Dr. E. Wallace reported a case where the arg. nit. was used, and the life saved. Dr. Thomas combined both plans in his practice; five had proved fatal; two had been saved by a solution of the alkali in syrup, and arg. nit. locally applied as low down as possible. It produced violent vomiting, bringing up the diphtheritic deposite, &c.

Dr. Hartshorne had found great relief from arg. nit., though, from

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the difficulty, as before remarked, he did not think it came in contact with the parts it was said to.

Dr. Coates ascribed the benefits of vomiting to the copious secretion from the parts. Had been disappointed by a disappearance in the day-time, and return at night. He had seen blisters produce a diphtheritic exudation on the surface, which is urged as an objection by Barthez and Rilliet. He believed cold was beneficial in many diseases, but where the parts were lined by mucous membrane, as the bowels and air-passages, he thought the general remark was that the reverse sympathy was so powerful as to increase the disease. The operation of tracheotomy required so much care, &c., as detailed by *Trousseau*, that he believed no one in Paris was competent to perform it but *Trousseau*.

On motion, the Society adjourned.

Art. VIII.—*Bellevue Hospital, New York.*

Thoracic Aneurism.—Service of Dr. Metcalfe; R. C. McEwen, M. D., House Physician. Reported by Samuel R. Forman, M. D., Senior Assistant.

T. S., aged 40, native of France, by occupation a butcher, admitted Dec. 1st. Patient is a large, stout, muscular, healthy-looking man. On entering the ward at 5 P. M., heard him groaning with pain, and on coming to him found him lying in bed on his right side and face, with his head over the edge of the bed, his hands clasped and pressed firmly over the epigastrium, legs spasmodically flexed. He remained for a moment writhing in agony and calling for relief; then followed a brief period of comparative calm. On questioning him, we obtained the following history.

He is a temperate man, but occasionally drinks a little brandy; is in the habit of taking a glass or two of beer, but not early in the day. He has always been perfectly well till two o'clock to-day, when he was suddenly seized with an intense pain in his stomach; has taken nothing at all except a cup of coffee at breakfast time. He has not vomited or been purged at all; has had no trouble in breathing; bowels are regular, open this morning. Complains of nothing but this pain in his stomach, attended by cramps in his legs.

His tongue was clean, natural, steady; pulse between 90 and 100, full and regular; eyes natural, pupils normal and sensitive; respiration easy, not hurried; percussion on dorsal region gave healthy resonance; skin normal, not hot nor dry; mouth moist, no marks on the gums. On placing the hand on the epigastric region, the muscles were found contracted, but soon relaxed; no hardness or fulness, nor more than

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usual resonance; no heat or tenderness on pressure anywhere over abdomen; legs affected with cramps.

An anodyne and laxative were ordered, with anodyne fomentations over the abdomen.

In half an hour returned, and found him in the same condition, and apparently trying to vomit. At 6, he was no better, and a more powerful anodyne was directed. At 7, we were called to him, but before we could reach him he was dead. He had died in a violent epileptiform convulsion. His lips were a little pale; serous fluid issued from corner of his mouth. He had experienced no relief from the treatment.

Autopsy 21 *hours after death.*—Weather cool. Cadaveric rigidity well marked. Body well nourished, about one inch of fat over abdomen. On removing the sternum and cartilages, a clot of blood about five inches long was found lying in the fissure between the right pulmonary pleura and the pleura of the anterior mediastinum. On removing the right lung, this clot was found to be part of a large one lining the whole of the upper and internal surfaces of the pleural cavity of that side. About twelve ounces of fluid blood was removed, besides a very little which flowed from the divided pulmonary vessels, making with the clot about eighteen ounces. This lung was healthy. The left lung contained a few tuberculous deposits in its apex, but was not adherent to the thoracic wall. No blood was found in that pleural cavity. Heart: Left side very firm, muscle contracted, no blood in its cavities; aortic valves healthy and sufficient; a slight atheromatous deposit about the origin of the aorta. Right side flabby; valves healthy; aorta appears normal as far as the descending portion of the arch, except some slight calcareous deposits at the origin of the innominata. From the arch it gradually expands as it descends, forming a pouch about five inches long and three and a half wide in the centre; about three inches below the pouch is a large patch of calcareous matter. About four inches below the arch, an opening was found from the vessel into the posterior mediastinum. The mediastinum was filled with coagulated blood, which had been forced up the neck nearly to the base of the cranium, and round the thorax, behind the right pleura, nearly ten inches from the rupture. The œsophagus, from this point down, together with the stomach, was distended with blood; none was found above this point, and none in left side or air-passages. The bodies of the third, fourth, fifth, and sixth vertebræ were a little flattened on the left side—the fourth a little eroded. The œsophagus was divided just opposite the rupture of the aneurism, so that the relation and opening into the latter were lost. Liver, spleen, and kidneys healthy. Brain not examined.

December, 1857.

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BIBLIOGRAPHICAL NOTICES.

ART. IX.—*Medical Lexicon. A Dictionary of Medical Science;* containing a concise explanation of the various subjects and terms of Anatomy, Physiology, Pathology, Hygiene, Therapeutics, Pharmacology, Pharmacy, Surgery, Obstetrics, Medical Jurisprudence, Dentistry, etc.; Notices of Climates and of Mineral waters; Formulæ for Officinal, Empirical, and Dietetic preparations, etc.; with French and other synonymes. By ROBLEY DUNGLISON, M. D., LL. D., Prof. of the Institutes of Medicine, etc., in Jefferson Medical College, Philadelphia. *Fifteenth edition. Revised and very greatly enlarged.* Pp. 992. Philadelphia: Blanchard & Lea, 1857. *Price* $4 00.

WE hesitate not to pronounce this *the* medical dictionary of the age. To one whose library has for years been encumbered with a copy of "Hooper's Medical Dictionary"—the most unsatisfactory work it was ever our misfortune to waste time on—the possession of such a work as Dunglison's Medical Lexicon is like a well of water in a dry and thirsty land. The student or practitioner, who is at a loss in regard to the meaning or application of a word, will be pretty sure to find it in this work. However, although we are in earnest in speaking of this as a very perfect work of the kind, undoubtedly the most perfect in the English language—it so happened that the very first time we had occasion to refer to it, we were at fault. The word was "*meniscus*"—in the sense of a concavo-convex lens.

Our readers may judge of the vast scope of the work from the title page, which we give in full, and from the fact that it contains about 60,000 subjects and terms, 6,000 of them having been added to this edition.

This dictionary is undoubtedly the best work that Dr. Dunglison has published, and it is well worthy of the great favor with which it has been received by the profession. We trust, if any of our readers are groping in the dim light afforded by Hooper, that they will, for their own sakes, cast it to the moles and the bats, and furnish their libraries with this work. They will never regret it. The price of the work ($4 00) is remarkably low.

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ART. X.—*A Practical Treatise on the Diseases of Children.* By J. FORSYTH MEIGS, M. D., etc. etc. Third edition, carefully revised. Pp. 724. Philadelphia: Lindsay & Blakiston, 1858. Price $3 50.

WE have heretofore had occasion to speak in commendatory terms of this eminently practical and useful work. It has become a standard work in American medical literature, and should be found in every practitioner's library. Dr. Meigs' large experience in diseases peculiar to children, renders him eminently fitted for discharging the responsible duty of publishing a work on the subject.

In our last notice of Dr. Meigs' work,[1] we made some friendly criticisms, which seem to have escaped the notice of the author. We cannot help thinking that an adoption of the suggestions there made, would improve the work, and make it more distinctively American. We shall never forget the instructions on the subject, of the eminent teacher to whom Dr. Meigs has dedicated his work, and we are very sorry that our author does not regard them with more attention. Uniformity in writing prescriptions is of the utmost consequence in a good book. How a *Philadelphia* author, one who has been a student of Dr. Geo. B. Wood, can be careless in this respect, we can hardly comprehend. Our readers must understand, however, that, while accuracy and good taste call for their correction, the errors referred to are not such as to detract greatly from the merits of the work.

ART. XI.—*Materia Medica and Therapeutics:* with ample illustrations of practice in all the departments of Medical Science, and very copious notes of Toxicology, suited to the wants of Medical Students, Practitioners, and Teachers. A new edition, revised and enlarged. By THOMAS D. MITCHELL, A. M., M. D., Prof. of Materia Medica and General Therapeutics, in Jefferson Medical College, Phila., etc. etc. Pp. 820. Philadelphia: J. B. Lippincott & Co., 1857.

THE author of the above work, now Professor of Materia Medica in the Jefferson Medical College, Philadelphia, is known as an ex-professor of several branches of medical science, in three or four medical schools, in different sections of the Union. He has certainly had, therefore, opportunities of informing himself of the wants of the medical student.

The form chosen by Dr. Mitchell, for presenting the subject of Materia Medica, is the rather convenient than philosophical one, of an alphabetic arrangement of the articles under their English names.

[1] N. J. Medical Reporter, vol. vi. p. 374.

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Although the work before us is far superior to the many manuals of which the press is so prolific every fall, it can hardly claim the rank of a first class book on the subject of which it treats. It is, however, very well adapted to the wants of the student, while the present objectionable modes of instruction prevail. It is brimful of facts, drawn, apparently, however, much more from the current medical literature of the day, than from the author's own observations. Dr. Mitchell is evidently well acquainted with the literature of the subject, and his intimate acquaintance with the medical periodicals of the day has enabled him to bring his work down to the latest moment, before going to press; many observations having evidently been added while the sheets were passing through the press.

It is to be regretted, especially in view of the fact that the author is professor of Materia Medica in the largest medical school in this country, and in view of his own observations, under the word "Prescription," that he had not been uniform and consistent in his wording of them. Too many of our authors seem to forget that the *U. S. Pharmacopœia* is the American standard for writing prescriptions by. For instance, there are no such things known in our pharmacopœia as the "*muriated* tincture of iron," (p. 459), or "pulv. alum. sulph." (p. 477), or "elix. vitriol" (same page), or "muc. gum Arab." (p. 484), or "turp. min."! (p. 517); or—but there is no end to such instances. Then there is the mixing up of Latin and English, often in the same prescription, as in those in which "elix. vitriol" and "turp. min.," referred to above, occur. Again, the abbreviation "*f.*" representing "*fluid*" in fluid measures, is entirely disregarded, and "*grs.*" occurs in Latin prescriptions in place of "*gr.*" (*grana*). This is not "small criticism," for we have a national standard for prescription writing, as far as the names of drugs and the statement of quantities are concerned, and it is idle for a teacher to expect his students to become accurate prescribers, when he himself departs so far from the "eternal fitness of things," in prescription writing. In the above, we have confined our criticisms to the Latin and to the Latino-Anglican (?) prescriptions. We trust that, when a new edition of his work is called for, our author will improve it in this respect.

But it is not in prescription writing alone, that this "confusion of tongues" occurs, for the names of the topics treated of, are now English and now Latin, by no apparent rule. An ample index, it is true, atones for this error, but uniformity in the text would have been better.

As we said before, however, the work is brimful of facts, and the student or practitioner will find it well worthy of a place in his library, though it should never take the place of more elaborate and complete works on the subject.

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ART. XII.—*Clinical Lectures on the Diseases of Women and Children.* By GUNNING S. BEDFORD, A. M., M. D., &c. &c. *Fifth edition.* Carefully revised and enlarged. Pp. 604. New York: Samuel S. & Wm. Wood, 389 Broadway, 1857. Price $3 00.

THIS work has reached its fifth edition in a period of a little over two years. This circumstance alone would lead us to infer that there is "something in it," and the favorable notice taken of it, by both the foreign and home medical press, seems very positively to confirm the inference. We have nothing to add to the former notices we have made of it, except to recommend the fifth edition to those who have not purchased a copy of any former edition. We do not, however, see sufficient difference between the earlier and last editions, to recommend any extra investment in times like these.

ART. XIII.—*The Transactions of the American Medical Association.* Vol. X. Pp. 676. Published by the Association. Philadelphia, 1857.

THE above work has been issued in the usual excellent style of paper and type, from the Philadelphia press of Collins.

Although some things were done by the "assembled wisdom" at Nashville, not calculated to enhance the character of the Profession, yet these may be regarded merely as spots on the sun, and will not detract from the bright influence which it will continue to exert, through its professional labors, as manifested in this and the preceding volumes. We find here an exhibition of a great amount of learning and industry, embodied in twelve elaborate reports, on as many topics of interest, and two prize essays—one on the "Excito-secretory System of Nerves, its relations to Physiology and Pathology," by Henry F. Campbell, M. D. —and the other, entitled "Experimental Researches Relative to the Nutritive Value and Physiological Effects of Albumen, Starch, and Gum, when Singly and Exclusively used as Food," by Wm. A. Hammond, M. D., U. S. A., both of which will well repay perusal, and alone are worth the price of the volume.

Every medical man in the country, whether or not he has ever been a delegate or member of the Association, should adorn his library with its *Transactions*. It is the great centre to which we must all rally, if not in person, then by the next best means. If we cannot partake of its social enjoyments at the day of meeting, we can imbibe all its intellectual treats from these volumes at far less cost. Price $3 00. Dr. Caspar Wister, Philadelphia, Treasurer.

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EDITORIAL.

THE STATUS OF THE PROFESSION.

WHETHER it be so or not, there prevails a wide-spread impression, both in the community at large and among physicians, that the medical profession has, of late years, been losing its hold on the respect and confidence of the people. The extensive prevalence of such a feeling is presumptive evidence that it has some foundation in fact. We propose in this number of the REPORTER briefly to examine into the facts of the case, with the hope of eliciting something that may draw the attention of our readers to a subject which is worthy of their consideration.

Let us look back for a period of fifty years. Then, medical schools in our country were but few, and medical education was in its infancy. The leaders of the profession were, most of them, graduates of foreign schools, and were educated under the eye of such men as Abernethy, the Bells, the Hunters, the Coopers, the Hamiltons, Fordyce, and others, before the degeneracy of medical instruction in Great Britain. Such men, who, before entering upon the study of medicine, were proficients in the study of English, the ancient and modern languages, the mathematics, and often in natural science, were the professors in our medical schools, and they and *their students* constituted the *profession* of that time. From some cause or other, we instinctively, as it were, venerate the memory of the "Mighty Dead" of the past and preceding generations. We are almost impelled to raise our hats in token of respect at the bare mention of the names of Shippen, Rush, Wistar, Bard, Mitchell, Parrish, Warren, Physic, Chapman, Horner, Eberle, Dewees, and others of the departed, as well as of the few, their compeers, who still linger among us as their representatives. We feel proud that we belong to a profession that can boast of such names. These men, and the physicians of their day, were held in high veneration by *the public* of that period. We are told by old people that, in their childhood, they were taught to raise their caps, if boys; and drop a courtesy, if

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girls, in token of respect, when they met their family physician on the street, and we know persons who have often done so, even when that physician was under the influence of intoxicating drink.

There is hardly a physician of the present day, before whom the ghosts of the departed worthies of the past generation or two, are not often called up by their elderly patients, in a manner far from complimentary to their own attainments; and odious as comparisons proverbially are, we are compelled to submit to them to our disadvantage, at a time, too, when the progress of medical science, and the facilities for acquiring knowledge are vastly in our favor. Now, it is not simply that these men were Doctors of Medicine, or that they were giants in intellect that they commanded this respect at the hands of the public. Doctors of medicine of the present day, are often quite as intellectual as any of them were, but, we respectfully submit that in our day there is a sad want of cultivation of that intellect. Our powers lie dormant, and hence fail to command respect.

But, further, to establish the position, we have assumed that the profession has lost a portion of the respect of the public.— We have spoken of the *impression* on the subject that has taken hold of the popular and professional mind. Can we produce any proof that this impression has any tangible foundation? Contrast the treatment which the profession now receives at the hands of the public with that of former times. We need do no more than mention the outrages daily perpetrated upon it, and which have often been commented upon in these columns. The humiliating position held by our naval surgeons; the Blockley Hospital, Philadelphia, and the Chicago City Hospital outrages; the proposed introduction of homœopathy into Bellevue Hospital, New York; the studied insult to the profession by the Directors of the Camden and Amboy Railroad; and the action of boards of trustees of medical colleges in appointing men to professorships against the known wishes of the faculties in those colleges, are but the more apparent cases of insult and outrage which our noble profession is called upon to endure.

In this connection, the testimony of the profession itself is worthy of consideration. We will cite three instances, not on account of their singularity, but as representing three different classes of practitioners. This subject is the burden of many a

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communication that comes to our hands, and the testimony of the profession of all sections of the country is singularly uniform in the same direction.

The late venerable and learned Dr. Nathaniel Chapman, of Philadelphia, the first President of the American Medical Association, in an address before that body at its first annual meeting in Baltimore in 1848, used the following very pointed and significant language:—

"*The profession to which we belong, once venerated on account of its antiquity; its varied and profound science; its elegant literature; its polite accomplishments; its virtues;* HAS BECOME CORRUPT, AND DEGENERATE TO THE FORFEITURE OF ITS SOCIAL POSITION, *and with it of the homage it formerly received, spontaneously and universally.*"

A prominent and accomplished physician of middle age, of Washington City, thus writes in the seventh volume of the REPORTER, p. 100:—

"Under the influence of this pestilential epidemic" (ambitious and presumptuous ignorance) "which, for many years past, has been sweeping over this country, destroying in its wild career every monument of the past, established by the wisdom, prudence, and experience of our progenitors; invading, with its disorganizing elements, the sacred precincts of religion, philosophy, and science; seeking to disenthrall itself of all those necessary and conservative restraints imposed by law, morals, and religion; acknowledging no obligatory impulse to human actions, but individual will, and refusing to recognize the conventional rights either of society or of nations; under the baneful influence, I say, of this spirit, medicine has been forced to succumb, and no longer claims with any pretension to justice or truth for her followers, the appellation of '*the learned profession.*'"

A physician of high, social, and intellectual standing in a neighboring city, whose thesis, when he graduated, was published by order of the faculty of the school which gave him his diploma, and republished in Europe, said to us, a few days since, that he was disgusted with the profession on account of its low standing in the estimation of the public, and on account of the reprehensible conduct of many practitioners, and that he expected soon to leave it and engage in some less laborious, quite as honorable, and much more profitable employment.

As we before remarked, we have a great deal of such testimony, and are forced to the conclusion that it is high time that something was done to redeem the profession from so undesirable a position as it now occupies. It is no pleasure to us to contemplate so humiliating a picture, and we only do it preliminary

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to a discussion of the causes that have brought it about, and with the hope of being able to propose, in due time, a practical remedy.

In the mean time, we respectfully solicit the views of our subscribers on the subject, and bespeak for it the attention of the medical press of the country.

ELEVENTH CAMPAIGN!

With this number we throw our banner to the breeze for another campaign. We do it with a respectable corps of officers, some of them tried men, and well known in the communities in which they reside. Our volunteer list, too, is enlarged, and numbers many of the first medical writers of our country. Our army never was larger, nor were the commanders ever in better spirits than now, or more sanguine of eminent success in their enterprise. The list, too, of our constituents—those for whose benefit all this ink is shed—was never more encouraging than at this moment. Men are enlisting under our banner from all sections of the country, and some deserters have of late atoned for their want of loyalty by re-enlisting.

We have a large field for our operations, having been compelled to annex more territory for the benefit of our own subjects, and for a courteous and becoming accommodation to representatives from foreign courts.

The Boston division will be still under the leadership of that tried officer, "*C. E. B.*," who, during the past year, has led on his column so valiantly. He is too well known to require any introduction from us.

The New York, or central division, is a noble column, led on by the veteran, "*J. Gotham, Jr.*," who is much older in the service than his name would seem to indicate. *He* needs no introduction.

The Philadelphia division has lately been taken command of by "*Wibiat*," who, though but recently installed in office, gives promise of glorious service in the future.

It is more than likely that during the year other officers may be added to the staff, and be given the command of new divisions.

We have no promises to make, but point to the past as the best

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assurance we can give for the future. Although in a better position than we have ever yet been, for a creditable prosecution of our enterprise, we are free to confess that we still have to draw more largely on hope for aliment than we would like. Our journal, though now self-sustaining, has some "old scores" to wipe out before it can be as independent as it should be. A too liberal policy in past years finds us now somewhat embarrassed when we ought to be free. A *very little* effort, however, on the part of our present subscribers in paying up *their* "old scores" and sending new names, would enable us to overcome every embarrassment, remunerate us for past losses, and establish the REPORTER on permanent ground. Let our subscribers then aid themselves by aiding us, for we assure them that we shall continue to advance as rapidly as our income will warrant. Like our fellow-Tennesseean, Davy Crockett, we believe in *going ahead.*

INFLUENCE OF MARRIAGES OF CONSANGUINITY ON OFFSPRING.

We have received a circular from Dr. S. M. Bemiss, of Louisville, Ky., Committee of the American Medical Association, on the *Influence of Marriages of Consanguinity upon Offspring*, which the crowded state of our columns has prevented our noticing till now.

The points on which Dr. Bemiss wishes more especially to be informed are: 1. The degrees of consanguinity of parties (whether first, second, third, or fourth cousins; or, as in rare instances, uncle and niece). 2. The date (approximative) of marriage. 3. The number, sex, and *condition* of children born to each marriage. 4. The number of children dead, cause of death, and age, when known. 5. The constitution, temperament, and occupation of parents, with any habits or circumstances calculated either to favor or retard the normal development of offspring.

Dr. Bemiss has devoted much attention to this important subject, and good results may be expected from his researches. We hope that any of our readers who may be interested in the subject will communicate *immediately* with Dr. Bemiss, Louisville, Ky., or send their observations to us, and we will forward them.

The Western Clinical Infirmary, Philadelphia.—This Infirmary, in Catharine Street above Fifteenth, is organized with particular reference to specialties—fevers, diseases of the chest, of the digestive organs, of the skin, of the urinary organs, of the eye and ear, of the brain and nervous

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system, and of females, are each allotted to a separate practitioner, while general and special surgery are in the hands of two others. This corps of ten physicians and surgeons are doing good service on the south-western frontier of Philadelphia.

The Board of Physicians consists of Dr. James L. Tyson, C. P. Turner, Joseph Klapp, J. A. Meigs, R. L. Madison, O. H. Partridge, L. Turnbull, D. D. Clark, G. R. Morehouse and J. T. K. Van Pelt. The resident physicians are Drs. Brandon and Rendon.

Drs. Madison and Turnbull use the opportunities the ample practice of the Infirmary affords for the purposes of clinical instruction.

Placenta Prævia.—We have received a circular from Dr. William Read, 713 Washington Street, Boston, Mass., who has for five years been engaged in collecting statistics of placenta prævia. He has already collected over 800 original reports from private hands and the journals, and is anxious to have a large basis upon which to found intelligent and useful deductions. We trust that such of our readers as have had such cases will report to Dr. Read. The points on which he solicits information are the following: Age—Number of the pregnancy—How long pregnant—Condition at time of delivery—Amount and duration of hemorrhage, when it commenced, &c.—State of the os uteri—Presentation of the child—Presentation of the placenta—Whether complete or partial—The mode of delivery—Disposition of the placenta—Result to the mother and child—The proportion of cases of this kind to the whole number of cases which you have attended.

☞ One of the trials of an editor's life is to "make up" a number of his work to his mind, send the "matter" to the printer, and find in the end that he has sent in eight or ten pages too much!

This is often the case with us, and was so in regard to this number, for we have been compelled to cut and slash among bristling pages of type most unmercifully, to make room for our editorial. We had prepared some ten pages of editorial, not one word of which had found a place in the proof of the last "form" as it came to us from the printers!

We say, therefore, once more to correspondents—and we will try to take heed ourselves—*be short as possible!*

☞ We learn, from a reliable source, that the class of the University of New York numbers 315.

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EDITORIAL CORRESPONDENCE.

NEW YORK.

At the Dec'r Meeting of the New York Academy of Medicine,

PUERPERAL FEVER

was again the subject of discussion. Prof. A. Clark having given an expectation of a speech on this subject, a crowded house awaited his appearance, and not in vain. Prof. C. is a self-possessed and fluent speaker, possessing a quiet and unassumed grace, with a vein of genial humor, which puts his hearers entirely at their ease, and enables them to listen unwearily to the end. His well-deserved reputation as a pathologist, gives great weight to his remarks on that branch of medical science, especially in connection with the disease in question, as by it alone is the true nature of the disease (which has so long been a puzzle to the profession) to be determined. In nearly all the investigations into its character, by autopsic examination, which have been reported by various authorities, one thing has been generally unrecognized, which Dr. Clark claims to have noticed very frequently, and that is, an evident inflammatory condition of the inner lining membrane of the uterus, for which he proposes the name of *endo-metritis*. The establishment of this fact will, he thinks, fully account for the apparent non-existence of any uterine complication in many cases of puerperal fever, while at the same time, he recognizes, in many instances of the disease, the presence of pus in the sinuses of the uterus, as one of its most marked forms. With regard to the treatment of puerperal fever, Dr. Clark takes as strong ground in favor of opium, as did Dr. Barker with regard to veratrum viride. The summary of several cases was detailed, in the treatment of which, opium was the sheet anchor—administered to the extent of partial narcotism, beginning with a dose of 3 grains, and repeating with 1 grain, as frequently as may be necessary to subdue the pain, and reduce the number and force of the pulse. The use of opium in inflammations of the serous membranes, he stated, had been practised by several medical men of eminence, but its great therapeutic value, in these particular disorders, has not been generally recognized. The first *published* testimony in its favor, that was known to the speaker, is contained in a letter written by Dr. Fred. W. King, formerly of this city, but more recently of N. Jersey (Perth Amboy), which letter is appended to the essay on the life and character of Dr. Wright Post, the late eminent sur-

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geon, by Dr. Valentine Mott, now President of the Academy of Medicine. Dr. Post, it seems, was a victim to a violent attack of pleuritis, and in one of his paroxysms of pain, he demanded of Dr. King, who was attending him, to give him 60 or 70 drops of laudanum. Remonstrance against such unheard-of practice was in vain, Dr. Post asserting that his experience with opium, in serous inflammation, was such as to satisfy him of its propriety, and a few hours proved the wisdom of his judgment, in the reduction of the excited pulse, the production of a free diaphoresis, the mitigation of the pain, and improvement in other respects. To Dr. Post, therefore, must be given, so far as records now determine the point, the credit of the introduction of opium in the treatment of serous inflammations.

The discussion upon this interesting subject is to be continued—and we shall endeavor to keep our readers advised of its progress. The January meeting will be principally devoted to the transaction of secular business, including the election of officers. This excellent institution, composed of nearly 300 of the best part of the profession of the metropolis of the country, is pursuing a very dignified and honorable course, and earning an increasing reputation, not only in professional circles but in the community at large.

BOSTON.

FEMALE PRACTITIONERS AND PRIVATE DISORDERS.

THE Boston papers, some of them at least, have had a drubbing from the *Boston Medical and Surgical Journal*, for publishing advertisements of dubious character. We believe the religious papers come in for the most particular fits, and that some clergymen stopped their subscriptions, rather than encourage the advertisement of Abortion Made Easy. But what will that journal say to the fashionable little *Transcript*, the Ladies' Tea-table Companion, in which is an advertisement of one of the female physicians, who "devotes herself exclusively to the medical and surgical treatment of the urinary and genital organs?" We know that the advertisement says this only; but what do the public understand by such advertisements by men? Nothing, of course, but pox and clap, and just so much, of course, they understand by this. We, by no means, intend to have it understood, that we consider these as more respectable diseases in one sex than in the other. We only wish to show that female doctors are following the course we always supposed they would. The next style of advertisement, we imagine, will be a covert style of notifying married and unmarried females where they may be relieved of lawful and unlawful burdens.

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FREE CITY HOSPITAL.

The City of Boston has purchased the Lying-in Hospital for something over forty-thousand dollars, with the intention of making a free hospital. The season is so far advanced, that nothing can be done with it until the new government comes into power. How many beds it will accommodate, we do not know; some thirty, perhaps. The building is not large, but there is a considerable area about it, so that it may be enlarged to several times its present capacity.

PRIVATE HOSPITAL.

The private establishment of Drs. Borland and Homans continues to prosper. The accommodations are small, and there is reason to believe, that its supporters will procure a larger building when times get easy. The fact, that this charity has grown up within a year, ought to show to the city government the necessity of hurrying their operations. The people, in their individual capacity, should not be called upon to supply a public want. Free hospitals and dispensaries, the public purse should provide for. As long, however, as the public purse does not do its whole work, the private purse sometimes must aid it.

IMPERFORATE ANUS.

At the November meeting of the Suffolk District Medical Society, this subject was the text for lengthy remarks. It is remarkable, that certain doctrines should be held by men of high standing; such, for instance, as that it is a dangerous operation, that the bladder *may* be wounded, the iliac arteries *may* be severed, the operation is very uncertain, and the like. Is not herniotomy sometimes dangerous? May not the lung be wounded in paracentesis? May not the iliac artery be severed in some other operation? And what is the certainty in operating for subclavian aneurism? What capital operation is not attended with danger? Allowing that seventy-five per cent. of all the operations for imperforate anus and rectum fail, what then? Will not ninety-five per cent., or ninety-nine per cent. of the children die without the operation? Allowing, that if the patient survives, and at the age of eighteen years soils his shirt, is that a sufficient reason for cutting short those eighteen years? Has the surgeon any moral right to decide that the operation should not be done, because the patient, if he survives, may not be grateful for it? On the other hand, has he any moral right to expose him to the certain pain of peritonitis? or to the certain suffering and death from any cause, which *he may* remove, because an artificial anus is not a pleasant anus? If so, he may very well strangle the child before his sufferings begin.

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THE

MEDICAL AND SURGICAL REPORTER.

VOL. XI. FEBRUARY, 1858. No. 2.

ART. I.—*The Negro—a Distinct Species*, No. 2. By W. S. FORWOOD, M. D., Alumnus of the University of Pennsylvania, Darlington, Md.

"Does he speak as a theologian, or does he speak as a man of science? If as a theologian, he may argue in peace to the end of the chapter; we shall not care to disturb him. But if he claims to reason as a scientific man, then we expect that he shall submit to the laws of science; then, we consider ourselves privileged to judge him by the rules of *common sense;* then, he must be reminded that those who live in glass houses ought not to throw stones, and that those who use theology to pinion scientific men within hopeless dilemmas, may find, in the end, that it is less difficult than they supposed to turn the tables upon themselves; for, assuredly, if scientific men were only to rouse themselves to the same zeal and love of conquest which animate theologians, there would soon rain down upon theology such a pitiless storm as would require stronger brains to weather than any we have at the present day to contend with."[1]

WE preface the present article with the foregoing pithy extract, that our position in this ethnological discussion may be made manifest unto all men.

We write for the scientific advancement of humanity in *temporal* things; with the *spiritual* it is not our province to deal. We state, and we call for, *facts, not opinions;* and if any man—any *reasonable man*, we will say—should imagine, with his first hasty thought, that his sense of right was aggrieved, or his religion jeopardized, by anything we have heretofore said, or may yet add on this subject, we verily believe that, after calm and sober reflection, he will acknowledge, to his own heart, at least, that neither the one nor the other has been wronged, or suffered injustice at our hands. If what we state be in any respect apparently contrary to the received doctrines of any church or re-

[1] Charleston Med. Journ. and Rev., Charleston, S. C., July, 1856. Art. "Strictures," p. 444.

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ligious sect, it will be found in the end that that church, and that religious sect, can, if established on TRUTH, survive, and flourish equally well after this fungus—morbid growth (for such we term the "*unity*" dogma)—has been dissected off (as were astronomy, geology, etc.). "Truth cannot conflict with itself," and therefore the righteous and good—the pure in heart—have nothing to fear from its demonstration; for if *this* be truth, it will not oppose or destroy *their* truth; and if it be not truth, it will, without leaving a scar upon the truthfulness of man, eventually seek its own obscure level. Therefore, we would pray those who have hitherto been so violent in their opposition to the discussion of this question, to cease their hostility, and enter with us into a peaceful, orderly, and truthful disquisition of the facts involved in the inquiry, at the same time eschewing, as scientific men undoubtedly should do, all personal references and disrespectful epithets. We wish it distinctly understood, that if any of the "religious medical enthusiasts" who have "just been taught to exercise the privilege of judging in matters of faith," and, therefore, "become presumptuous in matters of science" (see Dr. Z. Pitcher's *Address* before the American Medical Association, 1857), should attack us in abusive and ungentlemanly terms, with a view of engaging us in such a degrading discussion, they will certainly be disappointed; for we positively will not notice any such, however well convinced of attaining an easy victory over them.[1]

The arguments on the science of *Ethnology* that we offered for the consideration of the public in the May number of the REPORTER, stand as yet without authoritative contradiction; but as many facts have been developed in the progress of this science since the penning of that article, we feel it incumbent on us to continue the subject there opened, by proffering again to the public such recent information on this topic as may be in our possession.

The present paper is offered more as a compilation of authorities, to sustain the position we have previously assumed, than as containing any new views from our pen. We would rather endeavor to establish our points with the words of known authors than rely entirely upon our own, since it is more respectful to the scientific world, who require something more to convince them than the mere *impertinence of assertion.*

"This is as important a scientific question as has ever, in the history of the world, been discussed. It is not merely a point of science to be settled among philosophers, or give rise to journalistic controversies, and enliven scientific society debates. It is one which affects the relative position of the great human fami-

[1] We willingly receive and adopt Dr. A. Denny's broad and substantial basis of "undoubted truth," as stated in the last REPORTER, for our government in this discussion. We hope, however, that Dr. D. will explain his position more fully.

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lies of mankind. It is one to be discussed in the senate, and declaimed upon from the tribune. It is almost as powerful in its influence as any of the mighty popular questions in religion (so-called) has ever been."[1]

Again: "Disguise it as we may, the common origin of the human race is made a question of the times."[2]

Having quoted thus much on the *importance* of the question under consideration, we proceed to show, from the first-named of the two last authorities, the *difficulties* which beset the inquirer, and the *result* which such inquiries produce of the popular interpretation of the Scriptures.

"It is a great misfortune that, in these discussions, the popular interpretation of the first chapters of Genesis is involved, as this brings into the field a mass of bigoted and unqualified critics, who are ever ready to show the weakness of their faith in the Holy Bible by their excessive and unfounded alarm for the safety of its authority, and that, when this authority is either not impugned at all, or when it is only a favorite interpretation of a passage that is in danger—not the truth of it.

"If it come to be discovered that the popular interpretation of Genesis is wrong, ethnologically and chronologically, there is surely, in that, no injury done the Bible, any more than the past discoveries of the erroneous astronomical and geological interpretations of the same Holy Book. * * * * Do the nineteenth century and Protestantism cloak a bigotry and prejudice as malevolent as existed in the age when Galileo was imprisoned?"

This latter interrogatory is well worthy of being weighed by the "*professed* followers of Christ;" for, surely, they can find example nowhere of His teaching such intolerance and malevolence.

Maintaining, as we do, that the origin of the negro is distinct from that of the white species, it is not to be inferred, from our dwelling exclusively on this point, that there are no other species of the *genus homo.* On the contrary, we hold that there are many. The white and black species, however, are undoubtedly the most remote from each other; and the majority of our readers in the United States are personally acquainted with both. For these reasons, therefore, we confine the extent of our remarks principally to the discussion of the distinctive peculiarities observed between these two varieties.

The word *species* has been variously interpreted; and to have its definition established, is important to the proper understanding of the present remarks.

Prichard understands species as including "only the following conditions, namely: Separate origin and distinctness of race,

[1] Edinburgh Medical Journal, vol. ii. Art. "Unity of the Human Race," p. 445.
[2] Med. and Surg. Reporter (Editorial), June, 1857, p. 308.

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evinced by the constant transmission of some characteristic peculiarity or organization."

Morton expresses the same idea in fewer words: "A species is a primordial organic form."

Professor Leidy's definition, which is the most satisfactory, has been adopted in the recent works on ethnology: "A species is a mere convenient word with which naturalists empirically designate groups of organized beings possessing characters of comparative constancy, as far as historic experience has guided them in giving due weight to such constancy."[1]

Now the antiquity of our "historic experience" respecting the two races under consideration is sufficiently established, at the present day, to warrant us in positively affirming that the "characters possessed by these groups of organized beings" are strictly "of *comparative* constancy," never, when separated, approximating or receding in the least degree.

"From the investigations of Mr. Birch, the highest authority on Egyptian antiquities, we learn that there are traces of connection between the Egyptian and negro races during the 11th and 12th dynasties, 24 centuries before the Christian era. And although the delineations of the negroes in the painting are not so old as this, not ascending higher, perhaps, than the 15th century before Christ, yet this lapse of between three and four thousand years is quite long enough to dispose of the ethnological problem of the variation of races by time. This is, beyond question, the greatest onward step ever made in ethnological science: in the forcible language of Morton, 'The physical or organic characters which distinguish the several races of men are as old as the oldest records of our species.' Its importance can scarcely be over-estimated, always assuming that the evidence from which it is deduced is unimpeachable. And whilst we have not heard of any competent authority bold enough to call it in question, we at the same time acknowledge that the proofs adduced for its support from the Egyptian monuments are followed out by all other ancient monumental documents in other parts of the world, and quite in accordance with the other facts that bear upon the problem."[2]

Again: "The monuments of Egypt prove that *negro* races have not, during 4000 years at least, been able to make one solitary step, in Negro-land, from their savage state; the modern experience of the United States and the West Indies confirms the teachings of monuments and of history."[3]

[1] The "Moral and Intellectual Diversity of Races," etc. From the French of Count A. De Gobineau, with Introduction by H. Hotz, to which is added an Appendix, by J. C. Nott, M. D., of Mobile: Philadelphia, 1856, pp. 480.

[2] Westminster Review, April, 1856, art. "Types of Mankind," pp. 200–1.

[3] Types of Mankind, by Nott and Gliddon, Phila. 1854, pp 95–6.

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Respecting monumental history, Professor Nott, in his appendix to Count de Gobineau's *Diversity of Races*, says: "The extreme types, we have proven, have been distinct for more than 5000 years, and no existing causes during that time have transformed one type into another. The well marked negro type, for example, stands face to face with the white type on the monuments of Egypt, and they differ more from each other than the dog and wolf, ass and *Equis Hemionus*, lion and tiger, &c. The hair and skin, the size and shape of the head, the pelvis, and extremities, and other points, separate certain African and Oceanican negroes more widely than the above species. This will not be questioned, whatever difference of opinion may exist with regard to the permanency of these forms. In the language of Prof. Leidy, 'The question to be determined is whether the differences in the races of men are as permanent, and of as much value, as those which characterize species in the lower genera of animals.' The races of men, too, are governed by the same laws of geographical distribution as the species of the lower genera; they are found, as far back as history can trace them, as widely separated as possible, and surrounded by local floræ and faunæ."

Coming to more recent authority upon the same subject, we now quote the words of Francis Pulszky, from his chapter in Nott and Gliddon's last work:[1] "Thus we possess effigies of negroes drawn by six different nations of antiquity: Egyptians, Assyrians, Persians, Greeks, Etruscans, and Romans: from about the 18th century B. C. to the first centuries of our era, which all speak for the unalterable constancy of the negro type, such as it is in our own days. We see that it was not only the color, but the peculiar type, that struck the ancients; and which the Romans, for instance, knew quite as minutely as any modern ethnologist. Petronius, who lived under the Emperor Nero, describes, in his novel, three vagabond literary men, who, having taken passage in a ship on the Mediterranean, suddenly discover that it belongs to a merchant on board whom two of them had previously robbed. Dreading his revenge, one of them says: 'Eumolpus, being a scholar, has certainly ink with him; let us, therefore, dye ourselves from top to toe, and as Ethiopian slaves we shall be at his command, without fear of torture: for, by the change of color, we shall deceive our enemies.' But Geiton exclaims, in reply: 'As if color alone could transform our type! For many things have to conspire that the lie might be maintained under the circumstances. Or can we fill our lips with an ugly swelling? Can we crisp our hair with an iron, and mark our forehead with scars, and distend our shanks into a curve, and draw our heels down

[1] Indigenous Races of the Earth, &c., by Nott and Gliddon, Philadelphia, 1857, pp. 190–1.

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to the earth, and change our beard into a foreign fashion? Artificial color besmears the body, but does not change it.'

"Voltaire has somewhere wittily remarked: 'The first white man who beheld a negro must have been greatly astonished; but the reasoner who claims that the negro comes from the white man astonishes me a great deal more.'"

Mr. Gliddon says, in the volume last cited, speaking of the *permanence* of type: "Confirming it by a later authority, Count de l'Isle, who, after citing, like Morton, Nott, and myself, the testimony of Egyptian monuments, to prove that *types* have not altered in 4000 years, continues: 'These facts are, to my eyes, of the utmost importance, because they tend to fix the opinion of those who might be tempted to believe that races undergo, in the course of ages, such modifications as that the negro, for instance, might be derived from the white man. All inductions drawn from archæology give to this opinion the most splintering denial. The idea of the permanence of races is justified by all known facts. Now (remarkable circumstance), in order that one could admit the variability of types, it would require that, for three or four thousand years, if not a radical change in races, at least a *tendency towards change*, should have been observed; whereas the facts, far from demonstrating any tendency of this kind, prove, on the contrary, that the races of to-day are perfectly identical with those of by-gone ages.'"[1]

Believing that the foregoing extracts are sufficient, in an article like the present, to establish the *antiquity* and *permanence of types*, we will proceed to another division of the subject. The influence of *climate* on the physical characters of mankind will next very properly engage our attention.

"A few generations of animals are sufficient to produce all the changes they usually undergo from climate, and yet the races of men retain their leading characteristics for ages, without approximating to aboriginal types.

"In fact, so unsatisfactory is the argument based on the influence of climate to Prichard himself, that he virtually abandons it in the following paragraph: 'It must be observed,' says he, 'that the changes alluded to do not so often take place by alteration in the physical character of a whole tribe simultaneously as by the *springing up* of some new *congenital* peculiarity, which is afterwards propagated, and becomes a character more or less constant, in the progeny of the individuals in whom it first appeared, and is *perhaps* gradually communicated, by intermarriages, to a whole stock or tribe. This, it is obvious, can only happen in a long course of time.'

"We beg leave to fix your attention on this vital point. It is

[1] Pp. 510-11.

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a commonly received error that the influence of a hot climate is gradually exerted on successive generations, until one species of mankind is completely changed into another: a dark shade is impressed on the first, and transmitted to the second; another shade is added to the third, which is handed down to the fourth, and so on, through successive generations, until the fair German is transformed, by climate, into the black African!

"This idea is *proven to be false*, and is abandoned by the well-informed writers of all parties. A sunburnt cheek is never handed down to succeeding generations. The exposed parts of the body alone are tanned by the sun, and the children of the white-skinned Europeans in New Orleans, Mobile, and the West Indies, are *born* as fair as their ancestors, and would remain so if carried back to a colder climate. The same may be said of the other *acquired* characters (except those from want and disease). They die with the individual, and are no more capable of transmission than a flattened head, mutilated limb, or tattooed skin. We repeat, that this fact is settled, and challenge a denial.

"The only argument left, then, for the advocates of the *unity* of the human species to fall back upon, is that of '*congenital*' varieties or peculiarities which are said to spring up, and be transmitted from parent to child, so as to form new races.

"Let us pause for a moment to illustrate this fanciful idea. The negroes of Africa, for example, are admitted not to be offsets from some other race, which have been gradually blackened and changed in moral and physical type by the action of climate; but it is asserted that, 'once in the flight of ages past,' some genuine little negro, or rather many such, were born of Caucasian, Mongol, or other light-skinned parents, and then have turned about and changed the type of the inhabitants of a whole continent. So in America; the countless aborigines found on this continent, which we have reason to believe (see Squier's work) were building mounds before the time of Abraham, are the offspring of a race changed by the accidental or congenital varieties. Thus, too, old China, India, Australia, Oceanica, etc., all owe their types, physical and mental, to *congenital* or *accidental varieties*, and all are descended from Adam and Eve! Can human credulity go farther, or human ingenuity invent any argument more absurd? Yet the whole groundwork of a common origin for some nine or ten hundred millions of human beings, embracing distinct types, which are lost in an antiquity far beyond all records of chronology sacred or profane, is narrowed down to this 'baseless fabric.'

"In support of this argument, we are told of the Porcupine family of England, which inherited for some generations a peculiar condition of the skin, characterized by thickened warty excrescences. We are told also of the transmission from parent to

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child of club feet, cross eyes, six fingers, deafness, blindness, and many other familiar examples of congenital peculiarities. But these examples merely serve to disprove the argument they are intended to sustain. Did any one ever hear of a club-foot, cross-eyed, or six-fingered *race*, although such individuals are quite common? Are they not, on the contrary, always swallowed up and lost? Is it not strange, if there be any truth in this argument, that no race has ever been formed from those congenital varieties which cannot be proved, and are not believed by our best writers ever to have existed? No one ever saw a negro, Mongol, or Indian, born from any but his own species. Has any one ever heard of an Indian child born from white or black parents in America during more than two centuries that these races have been living here? Is not this brief and simple statement of the case sufficient to satisfy any one, that the diversity of species now seen on the earth cannot be accounted for on the assumption of congenital or accidental origin? If a doubt remains, would it not be expelled by the recollection of the fact that the negro, Tartar, and white man, existed with their present types, at least one thousand years before Abraham journeyed to Egypt as a supplicant to the mighty Pharaoh?"[1]

For another argument against the supposed effects of climate we will again quote Dr. Nott:—

"India affords a striking illustration of the fallacy of the arguments drawn from climate. We there meet with people of all shades from fair to black, who have been living together from time immemorial. We have the well-known testimony of Bishop Heber and others on this point; and Desmoulins [*Des Races Humaines*, p. 169], adds, 'The Rohillas, who are blonds, and situated south of the Ganges, are surrounded by Nepauleans with black skins, the Mahrattas with yellow skins, and the Bengalees of a deep brown; and yet the Rohillas inhabit the plain, and the Nepauleans the mountains.' Here we have either different races inhabiting the same climate for several thousand years without change; or the same race assuming every shade of color. Of this dilemma, the advocates of the unity may choose either horn."[2]

We take the following from De Gobineau's *Diversity of Races* (pp. 342–3):—

"The believers in the unity of the origin pretend to find them, as I have remarked before, in various local circumstances, such as climate, habits, &c. It is impossible to coincide with such an

[1] Types of Mankind, pp. 57–8.

The above extracts were quoted in the "Types of Mankind" from a work previously published by Dr. J. C. Nott, entitled "Biblical and Physical History of Man." The author adds, in the present volume: "The avowal of the above views drew down upon us, as might have been expected, criticisms more remarkable for virulence of hostility, than for the scientific education of the critics."

[2] Types of Mankind, p. 71.

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opinion, for, although these circumstances have always existed, they have not, within historical times, produced such alterations in the races which were exposed to their influence as to make it even probable that they were the causes of so vast and radical a dissimilarity as we now see before us. Suppose two tribes, not yet departed from the primitive type, to inhabit, one an alpine region in the interior of a continent, the other some isolated isle in the immensity of the ocean. Their atmospheric and alimentary conditions would, of course, be totally different. If we further suppose one of these tribes to be abundantly provided with nourishment, and the other possessing but precarious means of subsistence; one to inhabit a cold latitude, and the other to be exposed to the action of a tropical sun; it seems to me that we have accumulated the most essential local contrasts. Allowing these physical causes to operate a sufficient lapse of time, the two groups would, no doubt, ultimately assume certain peculiar characteristics, by which they might be distinguished from each other. *But no imaginable length of time could bring about any essential organic change of conformation*;[1] and as a proof of this assertion, I would point to the populations of opposite portions of the globe, living under physical conditions the most widely different, who, nevertheless, present a perfect resemblance of type."

Hotz, in his *Introduction* to the volume last quoted from (p. 16), emphatically says:—

"If there are, or ever have been, external agencies that could change a white man into a negro, or *vice versa*, it is obvious that such causes have either ceased to operate, or operate only in a lapse of time so incommensurable as to be imponderable to our perceptions, for the races which now exist can be traced up to the dawn of history, and no well-authenticated instance of transformation under any circumstances is on record. In human reasoning it is certainly legitimate to judge of the future by the experiences of the past, and we are, therefore, warranted to conclude that if the races have preserved their identity for the last two thousand years, they will not lose it in the next two thousand."

We will close our remarks on climate by giving one more authority.:—

"Dr. Shaw, the traveller from whom we quoted, gives a still more decided testimony against the theory of climate, in speaking of the Moorish women. His words are: 'The greatest part of the Moorish women would be reckoned beauties even in Great Britain, as *their children certainly have the fairest complexion of any nation whatever.* The boys, indeed, by wearing only the tiara, are exposed so much to the sun that they soon acquire the swarthiness of the Arabs; but the girls, keeping more at home, preserve

[1] We furnish the Italics.

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their beauty till they are thirty, at which time they are usually past child-bearing.' (*Travels in Barbary and the Levant*, fol. 1738, p. 120.) Here we perceive the true effects of climate on the fair races: a temporary darkening of the parts exposed to the sun—the children of the people so darkened, born perfectly fair! Who can tell the number of ages that the Moors have inhabited the north of Africa? Who can say that their present region is not their original country? And yet, here they are still, a perfectly fair race."[1]

The fact of all known races of mankind being more or less prolific from sexual intercourse with each other, is assumed by the monogenists as an incontestable proof that all these races (including the negro) emanated from a single pair of individuals. When all other arguments fail them, they retreat to this, and here rest with an agreeable feeling of security, believing their position impregnable. Now, the explanation of this prolificness is perfectly satisfactory to us; and we hope, by the use of the works in our possession, to illustrate it as lucidly to others.

Nott says:[2] "Hybridity, heretofore, has generally been treated as if it were a *unit;* whereas, its facts are as susceptible of classification as any other series of physical phenomena. For the terms *remote*, *allied*, and *proximate species*, there will be frequent call, and, in consequence, the reader is requested to look back (*supra*, p. 81) in this volume, to understand the meanings which, in common with Morton, I attach to them."[3]

We next quote the opinions of the same writer from another work:[4] "It is contended, that when two animals of distinct species, or, in other words, of distinct origin, are bred together, they produce a hybrid which is *infertile*, or which at least becomes sterile in a few generations, if preserved free from admixture with the parent stocks. It is assumed that unlimited prolificness is a certain test of community of origin.

"We, on the contrary, contend that there is no abrupt line of demarcation; that no complete laws of hybridity have yet been established; that there is a regular *gradation* in the prolificness of the species, and that, according to the best lights we now possess, there is a continued series from perfect sterility to perfect

[1] Indigenous Races, p. 544. Taken from Luke Burk, *Ethnological Journal*, London, No. 2, July, 1848 "Varieties of Complexion in the Human Race," p. 76–7.

[2] Types of Mankind, p. 375.

[3] The following is from p. 81, to which reference is made above:—

"Dr. Morton defines *species* simply to be '*a primordial organic form.*' He classes species, 'according to their disparity or affinity,' in the following provisional manner:—

"'REMOTE SPECIES, of the same genus, are those among which hybrids are never produced.

"'ALLIED SPECIES produce *inter se*, an infertile offspring.

"'PROXIMATE SPECIES produce, with each other, a fertile offspring.'"

[4] Appendix to De Gobineau's Diversity of Races, pp. 490–1.

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prolificacy. The degrees may be expressed in the following language:—

"1. That in which hybrids never reproduce; in other words, when the mixed progeny begins and ends with the first cross.

"2. That in which hybrids are incapable of producing *inter se*, but multiply by union with the parent stock.

"3. That in which animals of unquestionably distinct species produce a progeny which are prolific *inter se*, but have a tendency to run out.

"4. That which takes place between closely proximate species; among mankind, for example, and among those domestic animals most essential to human wants and happiness; here the prolificacy is unlimited.

"It seems to be a law, that in those genera where several or many species exist, there is a certain gradation which is shown in degrees of hybridity, some having greater affinity than others. Experiments are still wanting to make our knowledge perfect, but we know enough to establish our points."

"M. Flourens says: 'Les espèces ne s'alterent point, ne changent point, ne passent point de l'une à l'autre; les espèces sont fixés.'

"'If species have a tendency to transformation—to pass one into another—why has not time (which, in everything, effects all that can happen) ended by disclosing, by betraying, by implying this tendency?

"'But time, they may tell us, is wanting. It is not wanting. It is two thousand years since Aristotle wrote, and we recognize, in our day, all the animals which he describes, and we recognize them by the characters which he assigns. . . . Cuvier states that the history of the elephant is more exact in Aristotle than in Buffon. They bring us every day, from Egypt, the remains of animals which lived there two or three thousand years ago—the ox, crocodiles, ibis, &c. &c.—which are the same as those of the present day.'

"(M. Flourens might have added that the mummies of the white and black races show them to have been as distinct then as now, and that the monumental drawings represent the different races more than a thousand years further back.)

"'Thus, then, through three thousand years, no species has changed. An experiment which continues through three thousand years, is not an experiment to be made; it is an experiment *made*. Species do not change.'

"*Permanence of type*, then, is the only test which he can adduce for the designation of species, and he here comes back plainly to the position we have taken. Let us now test the races of men by this rule. The white Asiatic races, the Jew, the Arab, the Egyptian, the negro, at least, are distinctly figured on the monu-

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ments of Egypt and Assyria, as distinctly as they are now, and *time* and change of climate have not transformed any one type into another. In whatever unexplored regions of the earth the earliest voyagers have gone, they have found races equally well marked. These races are all prolific *inter se*, and there is every reason to believe that we here find the fourth and last degree of hybridity. Whether the prolificacy is *unlimited* between all races or species of men, is still an unsettled point, and experiments have not yet been fully and fairly made to determine the question. The dog and wolf become sterile at the *third*, the dog and jackal at the fourth generation; and who can tell whether the law of hybridity might not show itself in man, after a longer succession of generations? There are no observations yet of this kind in the human family." (*See* Dr. Day's observations, on a succeeding page, upon the cross between the white and the Indian.) "It is a common belief, in the Southern States, that mulattoes are less prolific, and attain a less longevity than parent stocks. I am convinced of the truth of this remark, when applied to the mulatto, from the strictly white and black races, and I am equally convinced, from long personal observation, that the *dark*-skinned European races, as Spaniards, Portuguese, Italians, Basques, &c., mingle much more perfectly with the negroes than do the fair races, thus carrying out the law of gradation in hybridity. If the mulattoes of New Orleans and Mobile be compared with those of the Atlantic States, the fact will become apparent."[1]

The author enters into interesting details (where our limits will not permit us to follow him) of hybridity among the lower animals. He cites the experiments of M. Flourens at the *Jardin des Plantes*, which substantiate the author's position with regard to the *degrees* of hybridity.

It is generally conceded that there are at least five species of dogs. These species were figured on the Egyptian monuments more than 4000 years ago, and have strictly preserved their type through all the subsequent ages, unto the present moment, of time. Now it is universally known that all dogs breed freely with each other, producing every variety of size, form, and color. With this simple fact every one is familiar, and it is a case perfectly apposite to the hybridity of the various species of the *genus homo* (mankind).

The mixing of the proximate species of other genera, for instance, the horse, camel, &c., are so many examples among inferior animals of what we believe applies equally to the physiological characters of man. *All species of men are not uniformly prolific.* In view of the many facts recently gathered, we now consider that we are justified in asserting that *the white man and the*

[1] Ibid., pp. 496–7–8.

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negro are not unlimitedly fertile; and we produce the following propositions of Dr. Nott[1] (and subsequently those of Dr. Day) to support our position:—

"1. That *mulattoes* are the shortest lived of any class of the human race.

"2. That *mulattoes* are intermediate in intelligence between the blacks and the whites.

"3. That they are less capable of undergoing fatigue and hardship than either the black or whites.

"4. That the *mulatto women* are peculiarly delicate, and subject to a variety of chronic diseases. That they are bad breeders, bad nurses, liable to abortions, and that their children generally die young.

"5. That when *mulattoes* intermarry they are less prolific than when crossed on the parent stocks.

"6. That when a *negro* man married a *white* woman, the offspring partook more largely of the negro type than when the reverse connection had effect.

"7. That *mulattoes*, like negroes, although unacclimated, enjoy extraordinary exemption from yellow-fever when brought to Charleston, Savannah, Mobile, or New Orleans."

The mulattoes do not form a *permanent type.* They can rarely ever be traced beyond the second generation, after which they either die out or are lost in the primitive stocks.

Hence we have not only reason to conclude that the European and negro are types of distinct species, but we are warranted in scientifically classing them as *distant* species.

"The amalgamation of races, there are strong reasons for believing, depends chiefly on their original proximity: their likeness from the beginning. When races are remote, their hybrid products are weak, infertile, short-lived, prone to disease, and perishable. When they are primitively nearer in resemblance, there is still an inherent law operating and controlling their intermixture, by which the predominant blood overcomes that which is in minor proportion, and causes the offspring ultimately to revert to that side from which it was chiefly derived. As it is only where the resemblance of races is most intimate that moral antagonisms can be largely overcome, so it is in these cases alone that we may expect to meet with the physical attraction productive of perfect amalgamation; nature, probably still at times, evincing her unsubdued resistance by the occurrence of families bearing the impress of one or the other of their original progenitors."[2]

The recently published *Medical Statistics of the United States*

[1] Types of Mankind, p. 373.
[2] Crania Britannica, p. 8.

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Army, affords us confirmatory and conclusive argument on the degrees of hybridity betwixt the different species of the human genera.

"Speaking of the union of the whites with the Indians, he (Dr. Day) makes this remark, which we commend to the digestion of those who defend the unity of the human race.

"'1. That a mixture of the white and Indian races produces offspring of less viability (life power) than either of the original races.

"'2. That the offspring of this mixture of the two races is a *hybrid, and incapable of propagating itself beyond the third or fourth generation.*

"'So long, however, as one of the parents is of pure white or Indian blood, the offspring may be, to a certain degree, healthy, but it is not generally vigorous; but when both parents are of mixed blood, the offspring is nearly always scrofulous, feebly developed, and generally dies before the accession of puberty. I have never known an individual whose parents were of mixed blood live to old age.'

"If these observations, which have been verified by a great number of our army surgeons, *and are known to be equally correct when applied to the union of the white and the negro*, do not rectify the absurd notions of the amalgamationists, neither would any other natural law, however conclusive. There is not a practical physician in the world who has not had the opportunity to observe the miserable feebleness of the mulatto race; we do not consider the objections of those who deny it worth an answer; it is indisputable, and shows conclusively, as God himself can do it, the diverse origin of the race."[1]

Believing that we have said sufficient on the subject of hybridity, we with reluctance put aside, for want of space, the other confirmatory materials we have accumulated to fortify this part of our argument, and turn now to the special characteristics of the negro.

Although we hold that the negro is entirely distinct from monkeys, orangs, chimpanzees, &c., we do maintain now, as in our former article, that there is a certain approximation between the negro and the lower animals, which is equally close as that between the negro and the European. On this point, we have the authority of Prof. Agassiz, who is one of the most prominent naturalists of the present age. He says: "I am prepared now to show that the differences existing between the races of men are of the same kind as the differences observed between the different families, genera, and species of monkeys, or other animals, and

[1] The Philadelphia Med. and Surg. Journal, vol. vi. No. 1., July, 1857, p. 16. Copied from the "Scalpel." We Italicize.

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that these different species of animals differ in the same degree one from the other as the races of men: nay, the differences between the distinct races are often greater than those distinguishing species of animals one from the other. The chimpanzee and gorilla do not differ more one from the other than the Mandingo and the Guinea negro; they together do not differ more from the orang than the Malay or white man differs from the negro. In proof of this assertion, I need only refer the reader to the description of the anthropoid monkeys, published by Prof. Owen and by Dr. J. Wyman, and to such descriptions of the races of men as notice more important peculiarities than the mere differences in the color of the skin. It is, however, but fair to exonerate these authors from the responsibility of any deduction I would draw, from a renewed examination of the same facts, differing from theirs; for I maintain distinctly that the differences observed among the races of men are of the same kind, and even greater than those upon which the anthropoid monkeys are considered as distinct species."[1]

Below, we give the comparison of the general physical characteristics between the white man and the negro, in the words of Dr. J. Mason Good; he, however, following in the steps of Blumenbach, maintains, in spite of this acknowledged disparity, the unity of the species:—

"The general color of the *European* or *Georgian* variety, the *white* division of Gmelin, is fair; that of the cheeks more or less red; the head globular: the face straight and oval, with the features moderately distinct; the forehead slightly flattened; the nose narrow, and slightly aquiline; the cheek bones improminent; the mouth small; the lips a little turned out, especially the under one; the chin full and rounded; the eyes and hair variable, but the former, for the most part, blue, and the latter yellow or brown, and flowing."

Of the African he says:—

"The color of the AFRICAN, the ETHIOPIAN of Blumenbach, and BLACKMAN of Gmelin, varies from a deep tawny to a pitch or a perfect jet. The head is narrow; the face narrow, projecting towards the lower part; the forehead arched; the eyes projecting; the nose thick, almost intermixed with the cheeks; the lips, particularly the upper one, very thick; the hair black, frizzled, and woolly. *The countenance in this variety recedes farther than any other from the European, and approaches much nearer than in any other that of the monkey.*"[2]

Here we have side by side, as given by an opponent, the pecu-

[1] Types of Mankind, pp. lxxiv–v.

[2] Book of Nature, art. "Varieties of the Human Race," p. 199. We Italicize the last sentence.

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liarities of the European and the negro; and we have already presented unchallenged testimony that these differences have been fixedly maintained for a period of more than 4000 years.

We submit the following special anatomy of the negro cranium for the consideration of our readers, from *Lawrence's Lectures*, as quoted by Dr. Meigs in the *Indigenous Races of the Earth* (pp. 325-6):—

"The front of the head, including the forehead and face, is compressed laterally, and considerably elongated towards the front; hence the length of the whole skull, from the teeth to the occiput, is considerable. It forms in this respect the strongest contrast to that globular shape which some of the Caucasian races present, and which is very remarkable in the Turk. The capacity of the cranium is reduced, particularly in its front part. . . . The face, on the contrary, is enlarged. The frontal bone is shorter, and, as well as the parietal, less excavated and less capacious than in the European; the temporal ridge mounts higher, and the space which it includes is much more considerable. The front of the skull seems compressed into a narrow keel-like form between the two powerful temporal muscles which rise nearly to the highest part of the head, and has a compressed figure, which is not equally marked in the entire head on account of the thickness of the muscles. Instead of the ample swell of the forehead and vertex, which rises between and completely surmounts the comparatively weak temporal muscles of the European, we often see only a small space left between the two temporal ridges in the Ethiopian. The foramen is larger and lies further back in the head; the openings for the passage of the nerves are larger. The bony substance is denser and harder; the sides of the skull thicker, and the whole weight consequently more considerable. The bony apparatus employed in mastication, and in forming receptacles for the organs of sense, is larger, stronger, and more advantageously constructed for powerful effect, than in the races where more extensive use of experience and reason, and greater civilization, supply the place of animal strength. If the bones of the face in the negro were taken as a basis, and a cranium were added to them of the same relative magnitude which it possesses in the European, a receptacle for the brain would be required much larger than in the latter case. However, we find it considerably smaller. Thus the intellectual part is lessened, the animal organs are enlarged; proportions are produced just opposite to those which are found in the Grecian ideal model. . . . The narrow, low, and slanting forehead, and the elongation of the jaws into a kind of muzzle, give to this head an *animal character*, which cannot escape the most cursory examination. . . . It is sufficiently obvious, that on a vertical antero-posterior section of the head the area of the face will be more considerable in proportion to that of the

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cranium in such a skull than in the fine European forms. The larger and stronger jaws require more powerful muscles. The temporal fossa is much larger, the ridge which bounds it rises higher on the skull and is more strongly marked than in the European. The thickness of the muscular mass may be estimated from the bony arch, within which it descends to the lower jaw. The zygoma is larger, stronger, and more capacious in the negro; the cheek-bones project remarkably, and are very strong, broad, and thick; hence they afford space for the attachment of powerful masseters. The orbits, and particularly their external apertures are capacious. Both entrances to the nose are more ample, the cavity itself considerably more capacious, the plates and windings of the ethnoid bone more complicated, the cribriform lamella more extensive than in the European. The ossa nasi are flat and short instead of forming the bridge-like convexity which we see in the European. They run together above into an acute angle which makes them considerably resemble the single triangular nasal bone of the monkey. . . . The superior maxillary bone is remarkably prolonged in front; its alveolar portion and the included incisor teeth are oblique instead of being perpendicular as in the European. The nasal spine at the entrance of nose is either inconsiderable, or entirely deficient. The palatine arch is longer and more elliptical. The alveolar edge of the lower jaw stands forward like that of the upper; and this part of both is narrow, elongated, and elliptical. The chin, instead of projecting equally with the teeth, as it does in the European, recedes considerably like that of the monkey. The characteristics of the Ethiopian variety, as observed in the genuine negro tribes, may be thus summed up: 1. Narrow and depressed forehead; the entire cranium contracted anteriorly; the cavity less, both in its circumference and transverse measurements. 2. Occipital foramen and condyles placed further back. 3. Large space for the temporal muscles. 4. Great development of the face. 5. Prominence of the jaws altogether, and particularly of their alveolar margins and teeth; consequent obliquity of the facial line. 6. Superior incisors slanting. 7. Chin receding. 8. Very large and strong zygomatic arch projecting towards the front. 9. Large nasal cavity. 10. Small and flattened ossa nasi, sometimes consolidated, and running into a point above. *In all the particulars just enumerated, the negro structure approximates unequivocally to that of the monkey.*[1] It not only differs from the Caucasian model, but is distinguished from it in two respects; the intellectual characters are reduced, the animal features enlarged and exaggerated. In such a skull as that represented in the eighth plate, *which, indeed, has been particularly selected, because it is strongly characterized,*

[1] We Italicize.

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no person, however little conversant with natural history or physiology, could fail to recognize a decided approach to the animal form. This inferiority of organization is attended with corresponding inferiority of faculties, which may be proved, not so much by the unfortunate beings who are degraded by slavery, as by every fact in the past history and present condition of Africa."

Prichard, the philosopher, and the greatest champion the advocates of the unity of the human species have ever had, gives the following short sketch of a few of the negro's anatomical features:—

"In the negro, the bones of the leg are bent outwards; the tibia and fibula are more convex in front than in the European; the calves of the legs are very high so as to encroach upon the hams; the feet and hand, but particularly the former, are flat, the os calcis, instead of being arched, is continued nearly in a straight line with the other bones of the foot, which is remarkably broad."[1]

The character of the negro's hair is, as stated in our former essay, a strongly distinguishing feature.

"It is but a few days since a learned and distinguished man of science in one of our southern States, whose authority is quoted by Dr. Forwood, made the remark in our hearing, that he believed he could demonstrate the fact that the hair of the negro is true wool, capable of being felted, and that it has other peculiarities to distinguish it from the hair of the white man. This assertion has often been made. Would it not be well for some one to put it to a practical test by attempting to make a hat or some yarn from the wool of the negro? The experiment can be easily tried."[2]

We have the best scientific authority for the woolly character of the negro's hair. The observations of the distinguished microscopist, Dr. Peter A. Browne, of Philadelphia, are, we believe, the most elaborate ever published on the subject. Comparing the hair of the white man, Indian, and negro, he says: "That of the negro is eccentrically elliptical, or flat. The hair of the white man has, besides its cortex and intermediate fibres, a central canal, which contains the coloring matter when present. The pile of the negro has no central canal, and the coloring matter is diffused, when present, either throughout the cortex or the intermediate fibres. Hair, according to these observations, is more complex in its structure than wool. In hair, the enveloping scales are comparatively few, with smooth surfaces, rounded at their points, and closely embracing the shaft. In wool, they are numerous, rough, sharp-pointed, and project from the shaft.

[1] Taken from De Gobineau's Diversity of Races, pp. 314–15.
[2] Med. and Surg. Reporter, June, 1857, Editorial, p. 309.

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Hence the hair of the white man will not felt, that of the negro will. In this respect, therefore, it comes near to true wool."[1]

We will close our remarks on the *physique* of the negro by appending thirty-five of his anatomical peculiarities, as compared with the European:—

1. Black skin.
2. Hair eccentrically elliptical in section, whereas the European's is circular or oval.
3. Fewer hairs on the surface.
4. Greater development of the odoriferous glands.
5. Greater development of the dermal oil glands.
6. Larger genitalia.
7. The color of the eyes is never blue, and in their anatomy are said to resemble those of the monkey.
8. Thick lips.
9. Projecting teeth.
10. Receding chin.
11. Flat nose, and smaller nasal bones.
12. Larger nares.
13. Facial angle less.
14. Relatively smaller brain.
15. Cerebrum has fewer and larger convolutions.
16. Stomach more rounded in form, approaching that of the ape's.
17. Shorter neck.
18. Shorter body relatively to the limbs.
19. Protuberant belly.
20. Longer forearm.
21. Narrower pelvis.
22. Longer foot.
23. Shorter toes.
24. Shuffling gait.
25. Sole of the foot has a greater tendency inward.
26. The foot has no arch, but is filled up with a pad of fat.
27. The calf is thin, high, and inconspicuous.
28. Thighs flat.
29. Smaller cranium, the bones of which are thicker.
30. Foramen magnum posterior to the position occupied in the European.
31. Temporal fossa larger.
32. Temporal ridges more nearly approximated.
33. Pterygoid processes of the sphenoid bone projecting in a line parallel with the facial line, thereby altering the shape of the posterior nares.

[1] Quoted by Hotz in foot-note to De Gobineau's Diversity of Races, pp. 333–34.

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34. Os calcis smaller, longer, and has a greater verticular diameter of its posterior articular surface.
35. Smaller infant.

Having produced these indisputable evidences, from the domain of anatomical labors, in support of our belief in the original diversity of the races, we will now take a survey of the negro from the *moral* and *intellectual* stand-point.

"The unity of the species has also been stoutly maintained on psychological grounds. Numerous attempts have been made to establish the intellectual equality of the dark races with the white, and the history of the past has been ransacked for examples, but they are nowhere to be found. Can any one call the name of a full-blooded negro who has ever written a page worthy of being remembered?"[1]

We particularly invite the attention of our opponents to the interrogatory at the end of the above paragraph. One or two examples would not, of course, be sufficient to establish the intellectual capabilities of the whole race, but we do not believe that a solitary individual can be produced who has ever given utterance to a single metaphysical idea.

In forming our estimates of the negro character, it is but justice that we should examine him as he is found in his native land (Africa), enjoying the benefits of his original climate and country, where he is not trammelled by any other race. The defenders of the unity theory are continually averring that the negroes in Africa are in a state of *degradation.* We beg leave to express a different opinion. The word implies that they had occupied a higher mental or moral position, and had fallen from it. There is no evidence whatever that their moral or physical condition has ever been more elevated; on the contrary, as we have shown in our remarks on the antiquity of the human types, we have every reason for believing that they have always been in much the same state as now. *They are in their natural condition, and, consequently, are not degraded.*

We extract again from *Types of Mankind* (p. 189):—

"Dr. Morton, quoted in another chapter, has proven that the negro races possess about nine cubic inches less of brain than the Teuton; and, unless there were really some facts in history, something beyond bare hypothesis, to teach us how these deficient inches could be artificially added, it would seem that the negroes in Africa must remain substantially in that same benighted state wherein nature has placed them, and in which they have stood, according to Egyptian monuments, for at least 5000 years."

[1] Types of Mankind, p. 59.

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Again, from the same authority, p. 191:—

"Upon the moral and intellectual traits of such abject types (the African), no impression has been made within 5000 years; none can be made, so far as science knows, until their organization becomes changed by (silliest of desperate suppositions) a "miracle."

Specimens of the negro that are reared in this country are not proper subjects from which to draw typical deductions.

"That negroes imported into, or born in the United States, become more intelligent and better developed in their *physique* generally than their native compatriots in Africa, every one will admit; but such intelligence is easily explained by their ceaseless contact with the whites, from whom they derive much instruction; and such physical improvement may also be readily accounted for by the increased comforts with which they are supplied. In Africa, owing to their natural improvidence, the negroes are, more frequently than not, a half-starved, and, therefore, a half-developed race; but when they are regularly and adequately fed, they become healthier, better developed, and more humanized. Wild horses, cattle, asses, and other brutes, are greatly improved in like manner by domestication; but neither climate nor food can transmute an ass into a horse, or a buffalo into an ox.

"One or two generations of domestic culture effect all the improvements to which negro organism is susceptible. We possess thousands of the second, and many more of negro families of the eighth or tenth generation, in the United States; and (where unadulterated by white blood) they are identical in physical and in intellectual characters. No one in this country pretends to distinguish the native son of a negro from his great-grandchild (except through occasional and even apparent admixture of white or Indian blood); while it requires the keen and experienced eye of such a comparative anatomist as Agassiz to detect structural peculiarities in our few African-born slaves. The "improvements" among Americanized negroes noticed by Mr. Lyell, in his progress from south to north, are solely due to those ultra-ecclesiastical amalgamations which, in their illegitimate consequences, have deteriorated the white element in direct proportion that they are said to have *improved* the black."[1]

With regard to the capacity of the black for education, Lyell himself acknowledges:—

"The separation of the colored children in the Boston schools, arose, not from an indulgence in anti-negro feelings, but because they find they can in this way bring on both races faster. Up to the age of fourteen, the black children advance as fast as the whites; but after that age, unless there be an admixture of white

[1] Ibid., p. 260.

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blood, it becomes, in most instances, extremely difficult to carry them forward. That the half-breeds should be intermediate between the two parent-stocks, and that the colored race should therefore gain in mental capacity, in proportion as it approximates in physical organization to the whites, seems natural; and yet it is a wonderful fact, psychologically considered, that we should be able to trace the phenomena of hybridity even into the world of intellect and reason."[1]

Mr. Jefferson's *Notes on Virginia* contains this sentence: "Never yet could I find that a black had uttered a thought above the level of plain narration; never saw even an elementary trait of painting or of sculpture."

This low grade of intellect which we have shown that the negro possesses, and, above which, it is our belief, he is destined never to rise, naturally suggests, to our minds, that he is entirely incapacitated by an unalterable nature for attaining any degree of civilization. On this point, Count de Gobineau speaks as follows: "Conformably to the law of nature, which I pointed out before, the negro, who belongs to a race exhibiting little aptitude for civilization, entertains the most profound horror for all other races. Thus we see the Haytien negroes energetically repel the white man from their territory, and forbid him even to enter it; they would also drive out the mulattoes, and contemplate their ultimate extermination. Hostility to the foreigner is the *primum mobile* of their local policy. Owing to the innate laziness of the race, agriculture is abandoned, industry not known even by name, commerce drivelling; misery prevents the increase of the population, while continual wars, insurrections, and military executions diminish it continually. The inevitable and not very remote consequence of such a condition of things is to convert into a desert a country whose fertility and natural resources enriched generations of planters, which, in exports and commercial activity, surpassed even Cuba."[2]

To give an idea of the real—the horrible condition of the negro in his native country, we will insert an extract from Prof. Bledsoe's recent work:—[3]

"The native African could not be degraded. Of the fifty millions of inhabitants of the continent of Africa, it is estimated that forty millions were slaves. The master had the power of life and death over the slave; and, in fact, his slaves were often fed, and killed, and eaten, just as we do with oxen and sheep in this country. Nay, the hind and fore-quarters of men, women, and children, might there be seen hung on the shambles, and

[1] Second Visit to the United States, i. p. 105. Copied into *Types of Mankind*, p. 404.

[2] Diversity of Races, pp. 195–6.

[3] Liberty and Slavery, Phila., 1857, pp. 293–4.

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exposed for sale! The women were beasts of burden; and, when young, they were regarded as a great delicacy by the palate of their pampered masters. A warrior would sometimes take a score of young females along with him, in order to enrich his feasts and regale his appetite. He delighted in such delicacies. As to his religion, it was even worse than his morals; or rather, his religion was a mass of the most disgusting immoralities. His notion of a God, and the obscene acts by which that notion was worshipped, are too shocking to be mentioned. The vilest slave that ever breathed the air of a Christian land, could not begin to conceive the horrid iniquities of such a life."

We now have brought to a conclusion our special remarks on the negro; and, in the present article, only one more argument will be offered against the doctrine of the common origin of the human family. We hope our readers will pardon us for presenting such a lengthy extract as that which follows. Its entire contents are too important to be abridged; and no language of our own could give equal perspicuity in fewer words. It is submitted by us, as it has been by its author, with the greatest respect towards the feelings of those who entertain opinions differing from ours:—

"'The strict rule of scientific scrutiny,' says the most learned and formidable opponent in the adversary's camp,[1] 'exacts' according to modern philosophers, in matters of inductive reasoning, an exclusive homage. It requires that we should close our eyes against all presumptive and exterior evidence, and *abstract our minds from all considerations not derived from the matters of fact which bear immediately on the question.* The maxim we have to follow in such controversies is, "fiat justitia, ruat cœlum." *In fact, what is actually true, it is always desirous to know, whatever consequences may arise from its admission.*'

"To this sentiment I cheerfully subscribe: it has always been my maxim. Yet I find it necessary, in treating this subject, to touch on its *biblical* connections, for although we have great reason to rejoice at the improved tone of toleration, or even liberality, which prevails in this country, the day has not come, when science can be severed from theology, and the student of nature can calmly follow her truths, no matter whither they may lead. What a mortifying picture do we behold in the histories of astronomy, geology, chronology, cosmogony, geographical distribution of animals, &c.; they have been compelled to fight their way, step by step, through human passion and prejudice, from their supposed contradiction to Holy Writ. But science has been vindicated—their great truths have been established, and the Bible stands as firmly as it did before. The last great strug-

[1] Prichard, Nat. Hist. of Man, p. 8, London, 1843.

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gle between science and theology is the one we are now engaged in—the *natural history of man*—it has now, for the first time, a fair hearing before Christendon, and all any question should ask is '*daylight and fair play.*'

"The Bible should not be regarded as a text-book of natural history. On the contrary, it must be admitted that none of the writers of the Old or New Testament give the slightest evidence of knowledge in any department of science beyond that of their profane contemporaries; and we hold that the natural history of man is a department of science which should be placed upon the same footing with others, and its facts dispassionately investigated. What we require for our guidance in this world is truth, and the history of science shows how long it has been stifled by bigotry and error.

"It was taught for ages that the sun moved around the earth; that there had been but one creation of organized beings; that our earth was created but six thousand years ago, and that the stars were made to shed light upon it; that the earth was a plane, with sides and ends; that all the animals on the earth were derived from Noah's ark, &c. But what a different revelation does science give us! We now know that the earth revolves around the sun, that the earth is a globe which turns on its own axis, that there has been a succession of destructions and creations of living beings, that the earth has existed countless ages, and that there are stars so distant as to require millions of years for their light to reach us; that instead of one, there are many centres of creation for existing animals and plants, &c.

"If so many false readings of the Bible have been admitted by theologians, who has the authority or wisdom to say to science—'thus far shalt thou go, and no further?' The doctrine of *unity* for the human family may be another great error, and certainly a denial of its truth does no more, nay, less violence to the language of the Bible, than do the examples above cited.

"It is a popular error, and one difficult to eradicate, that all the species of animals now dwelling on the earth are descendants of pairs and septuples preserved in Noah's ark, and certainly the language of Genesis on this point is too plain to admit of any quibble; it does teach that every living being perished by the flood, except those alone which were saved in the ark. Yet no living naturalist, in or out of the church, believes this statement to be correct. The centres of creation are so numerous, and the number of animals so great that it is impossible it should be so.

"On the other hand, the first chapter of Genesis gives an account entirely in accordance with the teachings of science.

"'And God said, let the earth bring forth *grass*, the herb yielding seed, and the fruit tree yielding fruit, after his kind, whose seed is in itself upón the earth; and it was so.' Gen. i. 11.

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"'And God said, let the waters bring forth *abundantly*, the moving creature that hath life, and fowl that may fly above the earth in the open firmament of heaven.' v. 20.

"'And God created great *whales*, and every living creature that moveth, which the waters brought forth *abundantly*,' &c., v. 21.

"'And God said, let the earth bring forth the living creature after his kind, cattle and creeping thing, and beast of the earth after his kind; and it was so.' v. 24.

"'God created *man* in his own image; *male* and *female* created he *them*.'

"In the language above quoted, nothing is said about one seed or one blade of grass; about one fruit tree, or about *single pairs* of animals or human beings. On the contrary, this chapter closes with the distinct impression on the mind that everything was created *abundantly*. The only difficulty arises with regard to the human family, and we are here confused by contradictory statements of the first and second chapters. In the first chapter, man was created *male and female*, on the sixth day, in the second chapter, woman was not created until after Adam was placed in the Garden of Eden. Commentators explain this discrepancy by the difference in style of the two chapters, and the inference that Genesis is a compilation made up by Moses from two or three different writers; but it is not our purpose here to open these theological discussions. Both sides are sustained by innumerable authorities. From what we have before shown, it is clear that the inspired writers possessed no knowledge of physical sciences, and as little respecting the natural history of man, as of any other department.

"Their *moral* mission does not concern our subject, and we leave that to theologians to whom it more properly belongs. On the other hand, we ask to be let alone in our study of the physical laws of the universe. The theologian and the naturalist have each an ample field without the necessity of interfering with each other.

"The Bible is here viewed only in its relations to physical science. We have already alluded to the fact that in astronomy, geology, &c., the authors of the Bible possessed no knowledge beyond that of their profane contemporaries, and a dispassionate examination of the text from Genesis to Revelation will show that the writers had but an imperfect knowledge of contemporary races, and did not design to teach the doctrine of unity of mankind, or rather origin from a single pair. The writer of the *Pentateuch* could attach little importance to such an idea, as he nowhere alludes to a future existence, or rewards and punishments; all good and evil, as far as the human race is concerned, with him, were merely temporal.

"This idea of a future state does not distinctly appear in the

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Jewish writings until after their return from the Babylonish captivity.

"The extent of the surface of the globe, known even to the writers of the New Testament, formed but a small fraction of it —little beyond the confines of the Roman empire. No allusion is even made to southern and eastern Asia; Africa south of the desert; Australia, America, &c., all of which were inhabited long before the time of Moses; and of the races of men inhabiting these countries, and their languages, they certainly knew nothing. The Chinese and Indian empires, at least, are beyond dispute. The early Hebrews were a pastoral people; had little commercial or other intercourse with the rest of the world, and were far from being 'learned in all the wisdom of the Egyptians.' The Egyptian empire was fully developed, arts and sciences as flourishing, pyramids and gorgeous temples built, not only before the time of Moses, but long prior to that of the patriarch Abraham, who, with Sarah, went to Egypt to buy corn of the reigning Pharaoh. What is remarkable, too, the Egyptians had their ethnographers, and had already classified the human family into four races, and depicted them on the monuments, viz: the black, white, yellow, and red.[1]

"In fact, nothing can be more incomplete, contradictory, and unsatisfactory than the ethnography of Genesis. We see Cain going into a foreign land and taking a wife before there were any women born of his parent stock. Cities are seen springing up in the second and third generations in every direction, &c. All this shows that we have in Genesis no satisfactory history of the human family, and that we can rely no more upon its ethnography, than upon its geography, astronomy, cosmogony, geology, zoology, &c.

"We have already alluded to the fact that the writers of the New Testament give no evidence of additional knowledge in such matters. The Sermon from the Mount comes like a light from Heaven, but this volume is mute on all that pertains to the physical laws of the universe.

"If the common origin of man were such an important point in the eyes of the Almighty as we have been taught to believe, is it reasonable to suppose it would have been left by the inspired writers in such utter confusion and doubt? The coming of Christ changed the whole question, and we should expect, at least in the four Gospels, for some authority that would settle this vital point; but strange as the assertion may seem, there is not a single passage here to be found which by any distortion can be made to sustain this *unity;* and on searching diligently the New Testament from one end to the other, we are not a little surprised

[1] See Types of Mankind, by Nott and Gliddon.

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to find but a single text that seemed to bear directly upon it, viz: the oft quoted one in Acts xvii. 26:—

"'And hath made of *one blood* all nations of men for to dwell on the face of the earth,' &c. Being astonished at the fact that this great question of the common origin of man should thus be made to hang so much upon a single verse, it occurred to me that there might be some error, some interpolatiou in the text, and having no material at hand for such an examination in Mobile, I wrote to a competent friend in Philadelphia, to examine for me all the Greek texts and old versions, and his reply confirmed fully my suspicions. The word *blood* is an interpolation, and not to be found in the original texts. The word *blood* has been rejected by the Catholic Church, from the time of St. Jerome to the present hour. The text of Tischendorf is regarded, I believe, generally as the most accurate Greek text known, and in this the word blood does not appear. I have at hand a long list of authorities to the same effect, but as it is presumed no competent authority will call our assertion in question, it is needless to cite them. The verse above alluded to in Acts should therefore read:—

"'And hath made of *one* all races (genus) of men,' &c.

"The word *blood* is a gloss, and we have just as much right to interpolate *one form*, *one substance*, *one nature*, *one responsibility*, or anything else as blood.

"These remarks on the ethnography of the Bible might be greatly extended, but my object here is simply to show that the Bible, to say the least, leaves the field open, and that I have entered it soberly, discreetly, and advisedly."[1]

Duly impressed with the seriousness with which this question is regarded by many, as well as with its great scientific importance, we, for the present, relinquish our pen.

In sending these views out in the world, although we have with us the support of many good and great men, we do not expect them to be *now* received by the majority of our readers; nay, we may look for hostile and scurrilous language, even from those who profess to follow Him whose mission it was to teach "peace and good-will to *all* men." Still we do believe that the time is not distant when the world will acknowledge and receive these truths; therefore we send this paper forth "like the bread cast upon the waters," with a certain confidence that it will return after many days with its facts conceded.

[1] Nott's Appendix to De Gobineau's Diversity of Races, pp. 505 to 512.

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Art. II.—*Treatment of Chancre in the Early Stage of Syphilis.*

By C. T. Bonsall, M.D., Trenton, N.J.

The great majority of cases come to us in the primary stage —the greater part of these in the formative process. There is a chancre developing itself upon some part of the genital organs, with or without swelling and soreness in one or more of the neighboring lymphatics. There has been no constitutional infection as yet. The chancre is the point of disease; destroy it, and we get rid of the specific poison, and the sore will heal. The lymphatic can only be considered as affected by sympathetic irritation. The point of interest to the physician is to destroy the chancre as speedily as possible; if there be no hardened base, he may apply some caustic, dress the sore with simple cerate, and in a few days it will heal, and give no further trouble. If the chancre has an indurated base, the question is, can this be destroyed in reasonable time by escharotics, or is exsection preferable? The knife is often to be preferred to a mere superficial application of caustic. The surgeon will remove the tumor, apply some lunar caustic, and treat the sore afterwards as a simple wound; but, in most cases, he will find that a solution of pernitrate of mercury, or of the fuming nitric acid, or a strong solution of nitrate of silver, will, if properly applied, obviate the necessity of "cutting out," to which most patients object. Let him take a small portion of cotton wadding, saturate it with one of the above corrosives, and apply it directly to the chancre; place upon it several doubles of lint, to soak up any excess of the liquid, and prevent it spreading over healthy parts. A strip of adhesive or isinglass plaster will retain them *in situ*. When this "dressing" is removed, he may, before the eschar sloughs off, apply a dressing of mercurial, basilicon, or simple ointment, or what I think preferable, a strong solution of tannin in water (℥ij to the ℥), by saturating a pledget of lint, and retaining it on the sore with a strip of plaster. If, after the eschar comes off, there be evidence that the chancre has not been completely destroyed, he can repeat the cauterization; when healthy granulations appear, a simple cerate dressing will be all that is necessary. Sores that present profuse ichorous discharges, or having a tendency to

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spread rapidly over the superficies, will derive great benefit from a dressing of the tannin solution, or from tannin in powder. If much tumefaction or inflammation supervene, soft poultices containing laudanum may be of benefit, but they should be used sparingly, as they lower the action and tone of the parts to which they are applied, and prepare the way for sloughing; fomentation with tepid water and laudanum answers as well, and being changed oftener, may be preferable. One or more of the neighboring lymphatics may be swollen and painful; this is either from infection or sympathetic irritation (in most cases the latter), and will disappear after the destruction of the chancre. Such a result may be hastened by rubbing in over it a little mercurial ointment once or twice a day. If the swelling remains, or increases, and presents evidence of specific disease, a constitutional treatment will be proper. Proto-iodide of mercury, in grain doses, three times a day, with the application of mercurial ointment over the gland, will most probably cause its resolution. If the chancre seems sluggish, and little disposed to heal, after a moderate mercurial impression on the mouth, I have found iodide of potassium act very beneficially, being almost as valuable in this stage of syphilis as in the secondary (*see* page 185, vol. x.). To obtain the best results with iodide of potassium, the dose must be steadily increased from say eight or ten grains three times a day up to a hundred or a hundred and twenty grains daily, in three or four doses, always halting, and proceeding cautiously in increasing the dose when sneezing becomes violent, or the conjunctiva irritated and inflamed. Iodide of potassium, like nitrate of potash, should be given in a considerable amount of any vehicle desirable. I commonly order the dose to be taken in a teacupful of hop tea, and seldom hear complaint of irritation of the stomach or fauces.

ART. III.—*Spasm of the Diaphragm.* By S. C. THORNTON, JR., M. D., Moorestown, N. J.

MRS. K—, the subject of this disease, is a married woman, the mother of two children, is thirty-five years of age, and above the medium size.

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During the intervals of these attacks, she enjoys excellent health, is generally affected with them once in six or eight months, and is obliged to keep her bed during their continuance, which lasts generally two or three weeks. The spasmodic action is very strong and very quick; continues night and day, with no intermissions, excepting the short and regular ones of ten seconds, that occur between each contraction. These contractions jar her considerably, allow no sleep, and render her almost insusceptible to the influence of opium, and leave her feeling so sore and badly bruised that she dreads to be moved or touched. One peculiarity of the case is in regard to the secretion of urine. Several times during the progress of the complaint she had the symptoms of strangury, and was unable to urinate for three or four days at a time; neither were diuretics of any avail here.

Owing to the incessant motion of the recti, depending upon the spasm of the diaphragm, the state of the bladder could not be satisfactorily determined externally. Being obliged to resort to the catheter, I was never able to draw off more than a pint, which was the total amount secreted during three or four days. I was particular that practising deception in regard to this fact should be avoided, and I believe none was practised.

Although I have described this case as one of "spasm of the diaphragm," yet, as some doubts might arise in the minds of others in regard to the correctness of the diagnosis, I will give my reasons for considering it such. It certainly is either simply spasm of the abdominal recti, spasm of the diaphragm only, or spasm of all three of these muscles jointly. I cannot conceive that spasm of the recti only would jar any one's person as violently as in this case; moreover, as expiration is produced by the contraction of the abdominal muscles towards the spinal column, the diaphragm being at the same time forced upwards, if there had not been a contraction of the diaphragm, expiration would have occurred simultaneously with each apparent contraction of the abdominal muscles. But contraction and expiration did not occur simultaneously, nor were the recti drawn towards the spine. Inspiration, however, being produced by the descent of the diaphragm, attended by expansion of the chest and abdominal walls, was to be expected here, and such actually occurred; it was, however, much shorter than that which occurred between the con-

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tractions. The forced and sudden movement of the recti outward, I believe, was owing to the pressure of the abdominal viscera against the abdominal walls, depending upon the equally sudden contraction of the diaphragm. Neither was there any other evidence of contraction as is usually found in the muscular tissue. For these reasons, I believe it to have been a case of spasm of the diaphragm only. From singultus, it differs in not being attended with the sudden stoppage of the air in the trachea, depending upon spasm of the glottis and the sonorous inspiration attending its re-opening.

The voice of this individual, during conversation, is interrupted but little, if any, by these abdominal spasmodic muscular actions.

I have not been able to find this disease described in the books. Gregory merely enumerates this, with several other functional diseases, as symptomatic of prolapsus uteri. It did not, however, depend upon such a cause in this case. From such a comprehensive axiom as that of Prof. Wood, of the University of Pennsylvania, we might suppose the disease to have been recognized in his *Practice*, although not nominally mentioned by him, viz: "there is scarcely a single morbid sensation or perversion of function occurring in any part of the body beneath the head which may not originate in spinal irritation." The corollary drawn from this axiom, and the treatment of this case, is that no other treatment than that adapted to the treatment of spinal irritation will avail much here. Beside the external treatment for spinal irritation, the best internal treatment, in my opinion, is camphor and chloroform given together in emulsion; no other of the nervous and cerebral stimulants produced any curative effect.

ART. IV.—*Cancrum Oris.* By N. C. REID, M. D., of Philadelphia.

THE frequent announcements of deaths from cancrum oris induces me to forward to you the treatment adopted by myself and several physicians of this city. Our universal success inculcates the opinion that death should not be the result of the disease.

1*st*. Ol. ricini, f℥ss; Ol. terebinth., ℈j (gtt. xxv ?); Ol. menth. vir. gtt. i. Ft. haust. To relieve the bowels of their ingesta, &c.

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2*d*. Potassæ chlorat. ʒij; Aq. bullient. fʒvss; Acidi muri. gtt. xxx. M. et solve, et adde en solutio Ol. kreasoton, gtt. iij; Vini rect. fʒss. M. Of this give a teaspoonful every two or three hours, and wash the parts affected frequently.

Give beef-tea, &c., as diet, and in seventy-two hours the patient will be found nearly, if not quite, restored to health. Even in aphthous sore mouth, it is an almost infallible remedy.

The chlorine seems to destroy the gangrenous tendency, the potash to unite with the fatty matter and albumen, forming a coating which, while it shields the ulcered parts from atmospheric action, stimulates healthy granulation. Will those who try it furnish notes of their success, and *vice versa?*

ART. V.—*Abstracts prepared expressly for the* REPORTER, *from Exchanges received at this office, and from other sources.*

(*a.*) SURGICAL.

1. *The Swallowing of Coins and other Metallic Substances.*—The following cases, condensed from the October number of the *Buffalo Medical Journal*, we take from the *Boston Medical and Surgical Journal.*

We preface it with a brief notice of a novel method of extracting a foreign body from the œsophagus, communicated to the latter journal by Dr. David Rice, of Leverett, Mass. A lady, aged 70, while eating chicken soup, accidentally swallowed a piece of bone the size of an American quarter of a dollar, cut into a trianguar form. It lodged in the œsophagus, about two inches below the top of the sternum. She neglected to apply for surgical aid till the fifth day. In the mean time she could swallow neither food nor drink, both regurgitating back into the mouth.

Dr. Rice first attempted to remove the bone by fastening a dozen or more loops, about an inch long, made with small linen twist, to a whalebone. But the loops failed to attach themselves to a corner of the bone. The doctor succeeded, however, in ascertaining the exact position of the bone, finding that it rested on the posterior side of the œsophagus, standing perpendicularly, with two of its corners fastened into the gullet.

He finally took a piece of *dry sponge*, about an inch long, and of such a shape, while dry, as to fill one-half the œsophagus. This he tied to the extremity of his whalebone sound. Turning back the head of his patient,

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he passed it down the œsophagus, *in a dry state*, as rapidly as he dared, until he was certain it had passed beyond the bone. He then introduced a little fluid into the mouth, which quickly reached the dry sponge, enlarging it to twice its natural size, completely filling the gullet. He then drew it out, and with it came the bone, much to the relief and gratification of all concerned. [That man certainly has not mistaken his calling!—ED. MED. AND SURG. REPORTER.]

"At a late meeting of the Buffalo Medical Association, Dr. A. W. Nichols reported two cases in which the new American cent piece was swallowed. In the first case, a girl of three years, a dose of castor oil was given, and the coin was passed the next day, slightly corroded, after remaining in the body about thirty-two hours. In the second, a girl of two years, no medicine was given, and the cent was voided in twenty hours, scarcely tarnished. No inconvenience was experienced in either case. Prof. Hamilton reported several cases—one, G. R., a boy, by whom a similar coin was swallowed in August last. In forty-eight hours, no inconvenience had been experienced, and he had not since been called on. E. A., aged 45, swallowed a shilling piece, and passed it the next day without inconvenience. W. B., aged nine months, swallowed a three-cent piece; had slight diarrhœa till the fourth day, when the piece was passed, much discolored, but not eroded. E. S., aged three years, swallowed a *bogus* ten-cent piece, but this 'passed' as well as the genuine, on the third day, without physic. B. M., aged 7, swallowed a copper cent. Breathed with difficulty half an hour, uncomfortable sensation in stomach, and voided the coin on the third day, discolored, but not eroded. W. H., aged 45, swallowed a copper cent. Choking sensation and weight in stomach several weeks. Knows not what has become of the coin. E. M., aged 7, swallowed a copper cent. For several days vomited everything eaten—also greenish matter. About four months after, the cent was voided, smooth, not eroded or even discolored. W. C., aged 4, swallowed a copper cent in April last. Complained of pain at pit of stomach for a week, when a stomach tube was introduced and the penny apparently pushed from the cardiac orifice into the stomach. He was relieved, is now well, but the coin has not been seen. E. K., aged 10, swallowed a copper cent in 1835, and is now alive and well. Mr. F., aged 30, swallowed a $20 gold piece, which lodged in the œsophagus. Dr. H. tried to remove it, and pushed it into the stomach. Two years afterward he was well, and was not aware that the coin had passed. An infant, aged 2, swallowed a brass pin in 1849. No remedies were ordered, no inconvenience was experienced, and the pin has not been seen. Mrs. H. swallowed a small pin. Three days after, she had had no inconvenience from it, and she has not since been heard from. Miss —— swallowed a pin in 1855. She has experienced no trouble from it, and does not know what has become of it. H. L., aged 8 months, swallowed a tenpenny nail. The child had a hernia, and in two days the nail was felt in the hernial sac, and pushed back by a surgeon into the belly. In two weeks more it passed the rectum. E. R., aged 2 years, swallowed a brass button, and passed it in four months without receiving any inconvenience from it. Dr. S.,

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when 8 years old, swallowed part of a glass door-knob, irregular, and with sharp angles—its longest diameter a little more than an inch, its shortest three-quarters of an inch, and weighing 162 grains. He kept still, and took castor oil each day, till the third day, when the knob was passed. Dr. Hamilton also referred to many similar cases recorded by different authors, and likewise to one not mentioned in the books—in which the inventor of the 'Cure-All' being sent for, after a silver dollar had been swallowed, administered his medicine in some West India treacle, and in an hour it is said the dollar was brought away in small change, mostly five-cent pieces! Dr. Strong referred to a case in which an old cent, five days after being swallowed, was dislodged from the œsophagus by a probang, and soon passed per anum. Cases were likewise related by other members, viz., several in which a cent of the old coinage had been swallowed; four or five, a new cent; one, a common brass coat-button; one, a piece of lead; one, a Spanish quarter; one, a piece of brass; and another, in which a highly-prized *bull's-eye watch* was twice swallowed to preserve it when in danger of being lost. In none, was there any serious inconvenience. The opinion of the members seemed to be unanimous that neither emetics nor cathartics were of any use in these cases."

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2. *Complete Dislocation of the Cervical Vertebræ—Reduction on the tenth day—Recovery.*—Among other contributions to practical surgery, by Daniel Ayres, M. D., which we find in the *New York Journal of Medicine*, is one rarely met with in the annals of surgery, viz., a complete dislocation of the cervical vertebræ. Dr. Ayres could find the report of but a single case to guide him in his diagnosis and mode of reduction, viz., that of Walther, quoted by Chelius in his Surgery, South's edition, vol. ii. The details of the case may be found in Walther's *Journal of Surgery*, vol. iii. pt. i. p. 197.

Partial dislocations have been frequently recognized, and reduced with varied success, by both European and American surgeons. Some of the most eminent writers on surgery have recommended that these cases be left to themselves, on account of the imminent danger of sudden compression of the spinal cord, and certain death, from attempts at reduction. Seyfert, however, strongly opposes such recommendations, and advises reduction. He directs that the patient be placed sitting on the ground, with the shoulders firmly held by an assistant. The surgeon then grasps the head with one hand beneath the chin, and the other beneath the occiput, making extension, first in the direction of the dislocation, then, in the longitudinal axis of the neck; and when this seems to have been sufficiently made, he twists the neck strongly toward the dislocated side. Dr. James R. Wood, of New York, safely, and completely reduced a partial luxation of this kind in a child, by employing similar manipulations. The fact should never be lost sight of,

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however, that instantaneous death *may* be the result of attempts at reduction of even a partial dislocation of the vertebræ of the neck.

Dr. Ayres' case was not one of deformity alone, for death by starvation was inevitable, even had he escaped the consecutive damage which would probably have ensued upon the spinal cord.

Case. E. K., a laboring man, æt. 30, tall and muscular, but not fat, went into a store—being at the time in a state of intoxication—where he had some angry words with an acquaintance. Leaving the store, he proceeded up the street (which was rather a steep ascent), when he was violently struck from behind, over the lower portion of the neck. He fell forward, striking some object, he knew not what, nor did he know what took place subsequently until the following morning. His wife, supposing that he had taken cold, and had a "stiff neck," made some domestic applications to the part, and administered a cathartic, but failing to obtain relief, medical aid was sought. Dr. Ayres saw the patient on the ninth day. With some assistance and great personal effort, he was able to get out of bed, moving very slowly, and cautiously. Desiring to expectorate, he was obliged to get down on his hands and knees, which he accomplished with the same deliberation. When seated in a chair, the head was thrown back and permanently fixed; the face turned upwards, with an anxious expression. The anterior portion of the neck, bulging forwards, was strongly convex, rendering the larynx very prominent. The integuments of this region were exceedingly tense, and intolerant of pressure. The posterior portion of the neck exhibited a sharp, sudden angle at the junction of the fifth and sixth cervical vertebræ, around which the integuments lay in folds. It was difficult to reach the bottom of this angle, even with strong pressure of the fingers, and of course, the regular line formed by the projecting spinous processes was abruptly lost. He complained of intense and constant pain at this point, which was neither relieved nor aggravated by pressure. With difficulty he swallowed small quantities of liquid, pausing after each effort, and could not be induced to take solid food, as the first attempt to do so after the accident was followed by violent paroxysms of coughing and choking. His breathing was obstructed and somewhat labored, being unable fully to clear the bronchia of their secretion. There was no evidence of paralysis, either of motion or sensation, in parts below the neck. The sterno-cleido-mastoid muscles of both sides were felt quite soft and relaxed.

It was determined to attempt reduction the following day. The patient was placed upon a strong table, in a recumbent posture, with a pillow resting under the shoulders, the head being supported by the hand during the administration of chloroform, of which an ounce was

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given before complete anæsthesia ensued. Counter-extension being made by two folded sheets placed obliquely across the shoulders and properly held, the head was grasped by one hand placed under the chin, the other over the occiput, and by steadily drawing the head directly backwards, and then upwards, an attempt was made at reduction, but failed for want of sufficient power. With the aid, however, of the hands of an assistant, placed immediately over his own, Dr. Ayres succeeded in dislodging the superior oblique processes from their abnormal position. When this was felt to be yielding by a third assistant (who kept one hand constantly at the seat of dislocation), a fourth was directed to place his hands under those of Dr. A. and the first assistant, and aid in bringing the head forward; at the same time the chest was depressed towards the table. The bones were distinctly felt to slip into their places, and the line of the spine was instantly restored, the head and neck assuming their natural position and aspect.

As soon as the patient became conscious, he expressed himself as free from pain, "all right," but perfectly unconscious of what had taken place. A bandage was arranged to support the head, and keep it bent forward. He had an anodyne for two nights following, after which, no further treatment was necessary, and at the end of one week, he had complete control over the movements of the head and neck.

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3. *What are Internal Hæmorrhoids?*—Mr. Salmon (*Med. Times and Gazette*) says that the idea that "internal piles," in their ordinary form, are dilated or varicose veins of the anus, may now safely be pronounced a relic of bygone and very mistaken pathology. The *dilatatio venarum* theory has been specifically renounced by most of the recent teachers and writers on the subject. Mr. Salmon, who is very positive in his opinion on this point, is supported to the full by Mr. Ashton and Mr. Syme.

He defines internal piles as prolapsed Morgagnian columns, hypertrophied, and rendered vascular by constriction, and states that their division into segments corresponds in number with the number of the columns in the individual. When it is considered that in children the parts about the rectum, the sphincter, etc., are lax, and the mucous membrane is very loosely connected to the muscular one, thus favoring a prolapse comprising the whole circumference of the bowel, while in the adult the sphincter is more firm, and the mucous and muscular coats are much more closely connected, rendering circular prolapse in them exceedingly rare, we have clearly explained, upon anatomical grounds, why children almost never have piles, and why adults so very rarely have circular prolapse, and also why adults who have circular prolapse

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never have piles as a complication; the latter fact being one which, upon the old view of their being distinct conditions, it would be very difficult to account for. This view of the nature of piles has an important bearing upon their treatment, for no one would fear ill consequences from tying up a mass of congested and thickened mucous membrane, while every surgeon would shrink from the risk attendant on putting ligatures on bunches of inflamed veins.

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4. *The Ecraseur.*—Dr. James B. Greely, of Nashua, N. H., communicates to the *N. H. Journal of Medicine* the following respecting the "*écraseur*:"—

The old practice of strangulating hæmorrhoids has been so much improved upon by the French method, that I cannot forbear reporting a single case.

I was called to see an old lady, 70 years of age, who had suffered 40 years from what she called the "*nasty piles.*" Upon examination, I found these tumors, the largest the size of a common hen's egg, protruding through the sphincter. They were much inflamed, bleeding profusely, and very tender to the touch. Drawing them forcibly down, by means of a strong pair of hooked forceps, I passed a ligature around their base, in order to pedunculate them; after which, I applied the "*écraseur*," and removed them all at once, without the loss of a *single drop of blood.* It occupied twenty-two minutes in separating them from the rectum.

The patient refused to take chloroform, and complained of no pain after the first moment of the operation. Confining her bowels with an opiate injection, I ordered her to be kept quietly in bed. The next day, she complained of some tenderness, which lasted three days, after which, it all passed away. No other unfavorable symptoms occurred; and on the fourth day she performed her accustomed household duties without inconvenience.

Possibly, all may not be familiar with this instrument, which is very simple, viz: a handle and a staff about twelve inches in length, upon the end of which is fitted, at right angle, a piece of steel an inch in length, containing a mortise, through which a chain is passed, forming a loop, and fitting the mortise exactly. One end of the chain is attached to the handle, and the other to a movable screw fixed to the handle in such a way that by turning the screw the loop in the chain is made gradually smaller, and is at last drawn through the mortise. In operating, the loop is placed around the base of the tumor, and is slowly constricted by means of the screw.

While in Paris, last winter, I saw the inventor, M. Chassaignac, use this instrument many times. I saw him amputate breasts and various kinds of tumors with complete success, and without the slightest hemorrhage. I think it is peculiarly well adapted to the removal of hæmorrhoids, tumors of the tongue, polypus of the uterus, and in performing circumcision.

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5. *Operation for Internal Piles with the Ecraseur.*—Dr. Coale mentioned the case before the Boston Society for Medical Improvement (*Boston Med. and Surg. Journal*). Accompanying the piles was a prolapsus of the rectum. The attendant mentioned that the patient had lost, on the day before, half a teacupful of blood. Dr. Coale had previously tried the ligature, ineffectually. The patient was etherized, and the *écraseur* applied. In six minutes, the tumor was removed, the hemorrhage not exceeding half a teaspoonful. Cold water dressings were applied; and in the afternoon of the same day the patient was comfortable. There was no sloughing; the surface of the wound became covered with healthy pus; and in one week cicatrization was complete. No pain was experienced at any time. The disease had existed for more than a year.

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6. *Spontaneous Gangrene.*—Dr. Behier, after a careful examination of numerous cases of spontaneous gangrene, concludes as follows: 1. The most frequent cause of spontaneous gangrene is obliteration of arteries. 2. If obliteration of veins exists at the same time, œdematous swelling of the limb accompanies the gangrene, while in cases of purely arterial obstruction the so called dry gangrene results. 3. The most frequent, if not the only cause of arterial obliteration is arteritis; and, in consequence thereof, phenomena occur which ordinarily are analogous to certain symptoms of the typhoid condition. 4. The occurrence of spontaneous gangrene, only in consequence and during the course of typhus, *without an obliteration of an artery*, must be considered as very improbable.—*Union Médicale.*

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7. *Removal of Warts by Chromic Acid.*—The following by I. L. Crawcour, M. D., of New Orleans, we take from the *Med. News and Hospital Gazette* of that city:—

In a late number of the *Medical Times and Gazette* appeared some experiments, by Mr. Marshall, on the use of chromic acid. Two cases have recently come under my own observation; and the results have been very satisfactory. A gentleman called on me about three months ago, complaining of a wart on the top of his head. It was about the size of a twenty-five cent piece; and the extremity was rough and split vertically. He had suffered from it for several years; and it gave him a great deal of trouble, bleeding whenever he combed his head. I painted it thoroughly, by means of a glass brush, with a saturated solution of chromic acid. The remedy produced little pain, the surface of the wart instantly blackened, and, twelve days afterwards, a scab fell off, leaving a clear reddish surface underneath, and perfectly smooth. I examined this gentleman's head a few days ago; the skin is now perfectly healthy; and hair is growing on it. About two weeks ago, another case presented itself, of a similar character. I applied the same remedy. The

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scab, however, has not yet separated; but I fully expect the result to be identical with the former. The advantage of this caustic is that it leaves no scar, and does not destroy the hair bulbs when applied to the scab. Its influence is undoubtedly owing to the readiness with which it parts with its oxygen, yielding half of its oxygen when applied to organic substances, passing to the state of green sesquioxide of chromium; this being the most powerful oxidizer we possess. Its preparation is very simple. Make a saturated solution of bichromate of potash, and add strong sulphuric acid as long as any precipitate of chromic acid falls; pour off the supernatant liquor, and dry the residue on a tile or brick. I prefer filtering through a glass funnel partially filled with asbestus. In preparing it, caution must be used not to allow any organic substance, as paper or wood, to come in contact with it, as instant decomposition ensues. The solution I employ is one part chromic acid, and one part water.

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8. *Voluntary Dislocation of the Joints.*—Dr. Samuel Haynes, of Saranac, N. Y., reports the following singular case in the *Boston Medical and Surgical Journal.* He was called to advise in the case of G., a lad of seven years, with talipes varus, born of healthy parents, whose other children are generally healthy. He is very quick motioned, understands mostly what is said to him, but is only able to speak a few words indistinctly; did not walk until within a few months, and is of a scrofulous diathesis.

What is of particular interest in the case is the fact that he can dislocate voluntarily nearly all the joints of the extremities, and as readily reduce them. He will dislocate the knee-joints, and reduce them by muscular contraction with perfect ease, without manual aid; and he will do the same with the thumb, finger, wrist, and elbow-joints!

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9. *Chloroform in Chorea.*—M. E. Géry recommends chloroform in chorea very highly. There is, in his opinion, no remedy which gives more certain and sure relief. Mild cases are quickly brought to a cure by this remedy; while in graver cases the paroxysms are ameliorated, and rendered less frequent.

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10. *Amylen.*—Drs. Egger and Petry report[1] several operations in which amylen was used as an anæsthetic. Their conclusions are as follows: 1. Inhaled a sufficient length of time, amylen is capable of inducing a complete loss of consciousness and sensation. It is hence a narcotic like chloroform and ether. 2. These three substances are similar in their action on the circulation of the blood; but amylen seems to be the highest potentiated in this action. 3. Amylen irritates the

[1] Wiener Mediz. Wochenschr.

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mucous membrane but little. Paroxysms of cough and difficulty of respiration were not observed. 4. Delirium did not occur in these cases. In some cases, sensation ceased; while consciousness (with impaired or suspended volition, however) continued. In such cases, minor operations can be performed in the first stage of narcosis without causing pain. Loss of sensibility, with entirely *clear* consciousness, was never observed. 5. The stage of exaltation terminated principally in disturbed innervation of the muscles. This stage continued for a comparatively short time. 6. The duration of narcosis by amylen is of short duration, but can easily be prolonged. The mental faculties return suddenly. 7. Unfavorable sequences were not observed. Neither the feeling of drunkenness, as in anæsthesia by ether, nor headache, nausea, vomiting, retention of urine, or salivation set in. Favorable results of the use of this anæsthetic are also reported by Dr. Losada, of Madrid. (*El Siglo Med.*)

11. *Glycerine Caustic in Lupus.*—Prof. Hebra, of Vienna (*Bul. de Thérap.*), employs the following formula: Iodine and iodide of potassium, of each, four parts; glycerine, eight parts. It is applied on alternate days by means of a pencil. It causes pain for more than two hours, but possesses the power of curing the lupus without the disadvantage of giving rise to deforming cicatrices.

12. *Waxy Softening of the Bones.*—Prof. Kilian communicates two interesting cases of this kind in the *Monatsschrift f. Geburtskunde.* We extract one:—

A woman, after her fifth confinement, was taken with rheumatic pains in consequence of cold. At the same time, she emaciated, and appeared to grow smaller. In this condition, she again became pregnant; and, a malformation of the pelvis having occurred, the Cæsarean section was deemed to be necessary. To have it performed, she was sent to Bonn. But, on her way thence, labor set in, and she was carried into the lying-in institution at Cologne. Before the Cæsarean section could be resorted to, powerful pains caused the expulsion of a child, weighing seven and three-quarter pounds. During labor, the pelvis had become extended, but returned to its former condition after the labor was accomplished. Soon after, the mother died. The bony pelvis was prepared in alcohol, and could be stretched like India-rubber. The microscopical examination showed the stellate cells to be filled with an oily substance, many of them considerably enlarged. The basic phosphate of lime had been changed into the acid phosphate in the neighborhood of the cells. The rest of the substance contained lactic acid. The pelvis, when dried, was excessively light.

13. *Hydrarthrus.*—Dr. Joly treated an old case of articular dropsy at the knee-joint, which had resisted all other means, by puncture, and

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injection of iodine. A common hydrocele troikart was carried over the internal head of the tibia through a fold of skin (to prevent the entrance of air) into the articular cavity, when four to five ounces of yellowish, serous, somewhat viscid fluid escaped. A mixture of ninety grammes of tincture of iodine, with the same quantity of water, was then injected, and cold applications used. The inflammatory reaction was but feeble. On the third day, a new accumulation of serum was observed; on the fifth, the injection was repeated. This time, the articular dropsy did not recur; and, after a fortnight, the patient left the hospital.

(*b.*) PATHOLOGICAL AND THERAPEUTICAL.

1. *Lactic Acid as a Remedy in Dyspepsia (Med. Times and Gazette).*—Under the name of "pepsin,"[1] an article has long been used in dyspepsia and other functional derangements of the stomach, first by Dr. Nelson, of Birmingham,[2] and subsequently by many French physicians. Drs. Ballard and Sieveking noticed it favorably. Dr. O'Connor also tested its value, but without satisfaction. He subsequently had recourse to lactic acid, first testing its digestive powers as compared with pepsin, by placing an equal weight of animal fibre, in equal proportions of pepsin and of lactic acid, in separate vessels, in an equal temperature, when he found that the fibre in the lactic acid was reduced to a pulpy state in a very much smaller space of time than that which was put into the pepsin. After this experiment, he had recourse to its use as a remedy in those affections of the stomach before alluded to. Dr. O'Connor had an excellent opportunity of testing the efficacy of the lactic acid in dyspeptic conditions of the stomach, among the out-patients of the Royal Free Hospital. After a trial in over fifty cases, he concluded that the good results following its use fully justify him in recommending it as a valuable agent. It is very necessary to be sure that the lactic acid prescribed should be of chemical purity, and of uniform strength. The dose varies from half a drachm to two drachms or more in infusion of colomba or a little cinnamon water. It should be taken during a meal. The lactic acid found in the shops is not generally pure. That which Dr. O'Connor found to be most efficient, from its greater purity, is prepared by Mr. Bostick, of Brooke Street, Grosvenor Square, London.

2. *Compound Syrup of Phosphates, or "Chemical Food."*—In the REPORTER for December last, we referred to this preparation as being

[1] See MED. AND SURG. REPORTER, vol. x. p. 574 (Nov. 1857), where directions are given for its preparation.

[2] Another authority attributes its use first to Corvisart.

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highly recommended by Prof. Jackson, of the University of Pennsylvania. Having had inquiries in regard to it, we copy the formula for preparing it, furnished to the *American Journal of Pharmacy* by Edward Parrish, of the Philadelphia School of Practical Pharmacy:—

Take of	Protosulphate of iron	℥x;
	Phosphate of soda	℥xij;
	Phosphate of lime	℥xij;
	Phosphoric acid, glacial,	℥xx;
	Carbonate of soda	℈ij;
	Carbonate of potassa	℥i;
	Muriatic acid, Water of ammonia }	of each sufficient;
	Powdered cochineal	℥ij;
	Water, sufficient to make	f℥xx;
	Sugar	℔ij (Troy);
	Oil of orange	♏x.

Dissolve the sulphate of iron in f℥ij of boiling water, and the phosphate of soda in f℥iv of boiling water. Mix the solutions, and wash the precipitated phosphate of iron till the washings are tasteless.

Dissolve the phosphate of lime in four fluidounces of boiling water, with sufficient muriatic acid to make a clear solution; precipitate it with water of ammonia, and wash the precipitate.

To the freshly precipitated phosphates as thus prepared, add the phosphoric acid previously dissolved in the water. When clear, add the carbonates of soda and potassa, and afterwards sufficient muriatic acid to dissolve the precipitate.

Now add the cochineal mixed with the sugar; apply heat; and, when the syrup is formed, strain and flavor it.

Each teaspoonful contains about one grain of phosphate of iron and two and one-half grains of phosphate of lime, with smaller proportions of the alkaline phosphates, all in perfect solution.

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3. *On the Excretion of Chlorine Compounds through the Urine.*—Dr. F. Howitz publishes in the *Hospitals, Meddelelser, Anden Roekke*, vol. i. pp. 64—130, his investigations on the relations of chlorine compounds, especially chloride of sodium, in various pathological conditions. He advances the following propositions: 1. In persons suffering from pneumonia, a smaller amount of chloride of sodium is excreted in a given time through the urine than is introduced during the same time by the food. 2. The excretion of chloride of sodium through the urine never ceases entirely. 3. The diminution in its excretion does not keep step with hepatization. 4. This diminution occurs at every age, and in every sex. 5. It takes place in croupous, as well as in lobular, traumatic, or hypostatic pneumonia. 6. It is not influenced by bloodletting. 7. During pneumonia, larger doses of chloride of sodium do not seem to increase its secretion through the urine. It is increased

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later, when resolution has commenced; but no immediate effect is produced. 8. The cause of this remarkable change in the excretory relations of chloride of sodium through the urine must be searched for in the circumstance that the pulmonary tissue being affected in pneumonia, the respiration becomes modified in a peculiar manner. [Not very definite.—TRANSLATOR.]

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4. *Rheumatism.*—The following *certain cure* for "racking rheumatism," prescribed by the Ettric Shepherd to Christopher North (*Vid. Noctes Ambrosianæ*) is worthy of medical record. We believe it was exhumed by the *Virginia Medical Journal.*

Shepherd.—I 'll gie ye a simple and infallible receipt for 't, sir, if you hae courage to ack on 't. The morn's mornin', take a dose o' drogs; then get Mr. Nibbs—Mr. Mappleston's successor—to ceep you atween the shoulthers; he 's maist expert wi' his box o' lancets; then take the shoor-bath—no; that's an anachronism—tak it the first thing in the mornin' afore the drogs; then get an auld woman—be sure she 's an auld ane, sir—no! Mrs. Gentle—to nip your arms, and legs, and back, wi' her finger and her thumb—to nip you severely, sir; and you man na mind the sairness—for at least twa hours; then get in twa cawdies, and gar them beat a' the same pairts wi' swutches as if they were dustin' carpets, say for twenty minutes; then get the above auld woman again to rub and scrub your naked body, frae head to heel, wi' ane o' the hard brushes that John polishes the tables wi', say for half an hour; then a change o' instruments or weepon—for hard brush, coarse towel—and ten minutes o' ditchen; then—the receipt's drawin' to a close—gar the gardner flog you a' ower, and smairtly, wi' a succession o' fresh bunches o' neetles, that'll burn your skin as red 's red currans, and mak' ye dance, aiblins, up and doon the floor without en mindin' the want o' music; then cover your limbs and trunk wi' a peculiar pastey plaister that you can get at Duncan & Ogilvie's, the princes o' apothecaries; then on wi' your leathern and your flannel waistcoats, and your nicht-shirt, and in atween twa feather beds in a room wi' a roosin' fire; if the thermometer out o' doors in the shade is at auchty, sae muckle the better; and, if your rheumatism stauns that, there 's nae houp for you on this side o' the grave, and you mau e'en lay your account wi' bein' for life a lameter."

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5. *Uræmia.*—The assertion that the decomposition of urea in the blood into carbonate of ammonia is the cause of those symptoms collected under the term of uræmia has been refuted in the Paris Academy of Sciences by Gallois. He gave rabbits considerable quantities of urea, when phenomena were induced similiar to those of uræmia, such as difficult respiration, tremor, convulsions. Although the blood of these animals was highly loaded with urea, no exhalation of carbonate of ammonia through the lungs could be observed. The expired air was carefully tested with litmus-paper, but no reaction took place. In

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several cases, where the blood was examined after death, no trace of carbonate of ammonia was detected.—*Gaz. Hebdom.*

6. *Disease of Brain, and Saccharine Urine.*—Dr. Leudet (*Gaz. Hebd.*) relates four cases in which the urine became saccharine sooner or later during cerebral disease. The following is the most interesting of these cases: A woman, aged 32, was attacked with blindness in one eye, in the sixth month of gestation, without any accompanying paralysis. Headache and vomiting, however, were present. After seven months, comatose symptoms suddenly set in, passing away, however, in the course of twenty-four hours. At the same time, there was great thirst, and other common symptoms of diabetes. An examination of the urine showed it to contain sugar. Under the use of iodide of potassium, all the symptoms were relieved, and the sugar disappeared. In five months, the comatose symptoms returned. No sugar was, however, detected this time.

(*c.*) OBSTETRICAL.

1. *Abortive Treatment of Extra-Uterine Pregnancy by Means of Electricity.*—The following case occurred in the practice of Prof. Burci, of the University at Pisa. A woman, æt. 29, robust, mother of four healthy children, believed herself to be pregnant for some time, when she was suddenly attacked with violent pain in the hypogastric region. She experienced a pressing feeling in the uterus. At the same time, tenesmus, dysuria, frequent syncope set in. On examination, the abdomen was found to be very tender, quite tympanitic; examination per vaginam showed the os and neck normal, little projecting, the os closed; no abnormal discharge. The general symptoms—small, contracted, frequent pulse, worn-out countenance, syncope—were relieved by ol. ricin., frictions with belladonna ointment, fomentations, and evacuating injections. A few days after, the uterus commenced to secrete mucus streaked with blood, which continued for some time. After a fortnight, the symptoms enumerated again reappeared, and with such violence as to simulate peritonitis. Leeches, baths, belladonna ointment, purgatives again relieved the patient. The same group of symptoms, however, occurs twice again, when the attention of the physician is called to an oval tumor of the size of a large lemon, running towards the left fossa iliaca, and which could be perfectly isolated with the hand. Inferiorly and internally, it seemed to adhere to the uterus; externally and superiorly, movable, of a hard feel, somewhat uneven, and entirely insensible on pressure. From all this, Burci believed himself justified to diagnosticate extra-uterine pregnancy having its seat in the left Fal-

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lopian tube. If the development of the fœtus was permitted to go on, a fatal internal hemorrhage was to be feared. This development must be arrested at all hazards. At first, recourse was had to frictions with mercurial ointment, extract of conium, and iodide of potassium. No apparent diminution in the volume of the tumor having taken place after about seven days, electric acupuncture was resorted to. Two steel needles, connected with an electro-magnetic apparatus, were introduced into the tumor. The insertion of the needles caused little pain. The more violent, however, was the pain caused by the electric shocks. The favorable result did not necessitate a repetition of the operation. All morbid symptoms ceased. The tumor shrivelled down to the size of a pigeon's egg; menstruation reappeared regularly; and the woman was saved.—*Gaz. Med. Ital.*, 1857—*Medic. Neuigk.*

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2. *Absence of the Parietes of the Abdomen in an Infant.*—Dr. S. Ramsey, of Reedsburg, Wis., reports (*N. W. Med. and Surg. Journal*, October, 1857) that he had recently been called to see a male infant, just born, which was apparently perfectly developed in every way, except that the entire parietes of the abdomen were wanting. The chest was well developed; and the little fellow was crying lustily.

When born, there was nothing but the peritoneum to keep the viscera, the stomach, liver, spleen, and intestines in their position; but this was soon afterwards ruptured by the child drawing up its knees, when all the viscera mentioned were exposed to sight. Dr. Ramsey turned the folds of the peritoneum aside, and found everything fully developed, save an entire want of muscular tissue from the inferior part of the chest to the pubes, and from spine to spine of the ilium. There was no umbilical cord; but the umbilical artery and vein were inverted in a thickened portion of the peritoneum. [There seems to be something obscure in the last sentence. The author should have minutely described the child's connection with the placenta.—Ed. Med. and Subg. Rep.]

The child had a passage of meconium while the doctor was present, took food, and was apparently without pain, but died the next day, living about thirty hours.

The mother was healthy, having a family of eight children. The husband died of measles about four months before; and, during his sickness, the entire family, save herself, were helpless with the same disease. This tax upon her physical powers, the death of her husband, and the fact that they were among entire strangers (having just emigrated from Maine), was a source of mental anxiety which may possibly have had some connection with the condition of the child.

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3. *An Interesting Obstetrical Case.*—Prof. Lange, of Heidelberg, communicates a very interesting case in the *Verhandlungen des Natur Historisch Medizinischen Vereins.* A primipara, aged 18 years. The membranes had ruptured; the os dilated to the size of a dollar. The position was recognized as a true *frontal* presentation, being exactly transitory between the parietal and face presentations. The pains becoming pretty strong, the head was forced through the inferior strait, and already began to press upon the perineum, without, however, having made the flexion antero-posteriorly, natural in all head presentations, by which the expulsion of the head through the pelvis is rendered more easy. At this point, the scene changed in the most remarkable manner, for suddenly, during a violent pain, the right hand of the child was pushed through the anus of the mother as far as the wrist. Fortunately, the effort made at once to reduce it through the rectum back, through the recto-vaginal fistula, that had been produced, into the vagina, was successful; and the next pain completed the expulsion of a stillborn child. After delivery of the placenta, an examination showed the posterior wall of the vagina to be ruptured about one-half an inch above the orifice, transversely; while a longitudinal fissure, with ragged edges, extended upwards about two inches, connecting with the transverse fissure. The perineum and sphincters were intact. The interrupted suture was at once applied. After four weeks, the fistula had entirely healed.—*Medicin. Neuigk.*

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4. *Cases of Early Catamenia.*—Dr. John T. Marable, of Memphis, Tenn., reports in the *Medical Recorder* of that city, four cases of early menstruation in negro girls, which came under his observation during the short space of three years. These girls were from seven to eleven years of age, when the menstrual discharge first commenced.

Either there was a singular coincidence in so many cases presenting themselves to Dr. Marable's observation, or this condition must be a very frequent one. The doctor suggests the inquiry, whether these cases are idiosyncrasies, or whether they arise from a recurrence to the original constitutional type of the race, early menstruation being a characteristic of the native African tribes. "If the latter," says Dr. M., "then a return to generic peculiarities, long obliterated by change of climate and habits, may possibly have some bearing on abstruse ethnological speculations." A good many observations would be necessary to establish such a question. We have no doubt that close observation would establish the fact, however, that early menstruation occurs much more frequently in both white and negro, than is generally supposed.

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5. *Rupture of an Ovarian Cyst, and Absorption of the Fluid.*—An unmarried woman, æt. 29 years, suffered for one year and a half from an abdominal tumor, which developed itself slowly but steadily from the left, and gradually extended to the right iliac fossa, and gave to her an appearance as if she were in the ninth month of gestation. During this whole period, the menses regularly appeared every month, but only lasting for a day. Iron and nitre internally, and mercurial ointment and tincture of iodine externally, did not diminish the tumor. The abdomen appeared most protuberant in the umbilical region, where it fluctuated as in ascites. In the hypogastrium, under strong and deep pressure, a hard, round, movable body was found; collum uteri normal; hymen present. One day, the patient, while in her room, fell upon the abdomen, and fainted. Consciousness returning in a few moments, she complained of a faint, dull pain on the left side. The abdomen had lost its protuberance. On the contrary, it was flattened; even in the horizontal posture, somewhat concave; skin around the umbilicus withered and wrinkled. Laying on her back, the fluid contained in the abdominal cavity accumulates on both sides, fluctuates on the slightest touch, and follows the movements of the body. The tumor previously diagnosticated in the left hypogastrium could now easily be reached. It is larger than a child's head. Treatment: Rest, antispasmodics, firm bandage. In fourteen days, the absorption of the fluid was completely accomplished, and the abdominal swelling reduced to the hard tumor.—*Union Médicale—Medic. Neuigk.*

A similar case is related in the *Annales Médic. de la Flandre Occident.*

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6. *Case of Transfusion.*—This operation, says an English paper (*Western Lancet*), has been successfully performed by Mr. Wheatcroft, surgeon, of Cannock, on the person of a woman named Wood, residing there. Immediately after her accouchement fearful hemorrhage set in. She summoned her husband to her bedside, bade him farewell, and committed her children to his care, in the belief that she was dying. She then became pulseless and gasping, occasional breathing being the only indication of life. A vein was opened in her arm, and one in the arm of her husband, and as the blood flowed from the latter, it was transmitted by suitable apparatus into the veins of the wife. After seventeen ounces had been thus injected, the pulse became perceptible, the colorless lips reddened, the glassy eye brightened, and she thankfully said, "I am better." The case has progressed very favorably, and the woman is recovering. Death was here literally robbed of his victim.

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MEDICAL SOCIETIES AND CLINICAL REPORTS.

Art. VI.—*Philadelphia County Medical Society.*

Rheumatism.—Jan. 13th, 1858. Dr. Emerson in the chair. The subject for discussion was rheumatism, on which Dr. R. K. Smith read the following paper. In presenting the subject of acute rheumatism, for the consideration of the society, he did not propose views that have not already received the careful attention of many eminent medical philosophers. There are, however, notwithstanding the varied investigations of the causes, pathology, and treatment of this disease—few medical writers who agree upon either. This diversity of opinion, in regard to one of the most common affections, the physician is called upon to treat—a disease, too, which often involves the very citadel of life, and always entails upon the patient an amount of suffering and helplessness that enlists the warmest sympathy—demands a scrutiny so thorough and searching as to lead to greater harmony in regard to its pathology, and more uniformity in its treatment.

With a disposition to elect discussion upon some of the unsettled points to which I refer, the following interrogatories are proposed, touching the cause, pathology, and treatment of rheumatic fever.

1st. Is the primary cause of acute rheumatism a morbid poison in the blood, or, is it located in the nervous system?

2d. If in the blood, is it *urea*, or what other poisonous matter?

3d. How can pericarditis and endocarditis, as consequences of rheumatism, be explained upon the theory that it is a nervous disease?

4th. Are the consequences ultimately fatal?

5th. What tissues are invaded by rheumatic inflammation, and does it ever terminate in suppuration or gangrene?

6th. Do not the remedies found most serviceable in rheumatism, exercise more influence upon a blood poison than upon the nervous system?

7th. Is a strict antiphlogistic treatment proper in an ordinarily robust patient?

8th. What value is attached to the treatment with lemon-juice?

9th. What are the merits of the alkaline treatment?

10th. Of the calomel and opium treatment?

11th. How is the action of colchicum explained, and what is its value as a remedy in rheumatism?

12th. Are local applications beneficial, and, if so, what are to be used?

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In suggesting these questions, it is proper for me to state the principles which govern me, in the treatment of rheumatism, and to briefly reply to my own questions.

In regard to the first query—the primary cause of acute rheumatism—I hold the doctrine that some morbific agent contained within the blood is the original cause of the disease. That it is this deterioration that constitutes what has been called the "rheumatic dyscrasia." That some pre-existing change in assimilation and excretion renders the system susceptible to the exciting causes of rheumatism; poisonous matter of a peculiar nature is deposited within the blood, and the disease is developed. The evidences adduced, are the absolute changes known to exist; the excess of fibrin, and the alteration in its chemical composition.

To the second question, I answer: Urea is found in the blood of patients laboring under acute rheumatism, and that certain agencies employed for the relief of the disease, eliminate it from the blood by increasing it in the urine. I, however, do not contend for the point that *urea* is the *only* poisonous matter in the blood, that generates arthritic diseases.

The third question, I leave to gentlemen who believe in the nervous origin of rheumatism, to answer. Upon such a theory, I can understand no explanation of the causes of pericarditis and endocarditis, compatible with reason and physiology. Such men as Fothergill, Willan, Morton, McIntosh, and Haygarth, have failed to show the connection, and I shall not attempt it, especially as I do not believe the doctrine.

In reply to question fourth, I believe that pericarditis and endocarditis eventually terminate in death. Not that an attack may not be relieved, in fact, *supposed* to be cured, but that certain structural alterations of the heart occur, which are never entirely removed, and will ultimately terminate life.

The tissues involved in the inflammation of rheumatism, are the fibrous and fibro-serous, and whenever other tissues are invaded, it is in consequence of their near contiguity to the original disease. This disease, I believe, when unattended by any complication, never terminates in suppuration or gangrene.

6th. In regard to the "*modus operandi*" of the remedies which relieve in rheumatism: this involves the question as to which theory is correct; whether it is a disease of the nervous system, or of the blood. Adopting the latter view, I can conceive the action of certain substances upon the fluids of the system, so as to eliminate or neutralize certain

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other elements; and I leave to the members the application of their own experience in explanation of the method by which cures are effected through the interposition of the agents they employ.

7th. That the antiphlogistic treatment of rheumatism, followed out in its most rigid sense, has been successful, I know, but that it is the proper course to pursue, in treating this inflammation, I deny. The inflammation and fever which attend rheumatism differ widely from ordinary inflammation; they have more a character of irritation, and present various phenomena unknown in any other inflammatory fever. The state of the skin is one of these peculiarities, and would suggest to every thoughtful man, the propriety of withholding every means that would stimulate the perspiratory organs to further action. Bleeding is unquestionably an important remedy in many cases, and its utility does not oppose the theory that a blood poison produces the disease.

8th. The use of *lemon-juice*, in acute rheumatism, according to Dr. Babbington, has been eminently successful. Indeed, I may say that, in his hands, its curative effects were astonishing. It will, no doubt, surprise most physicians, to be told that, in a large number of cases treated in this way, the disease was thoroughly cured in from *three* to *eight days*, and without the employment of any other means, whatever, except an occasional dose of the comp. pulv. rhei, when the bowels required it. The doses directed by Dr. B. were from three to six ounces, three times a day, without admixture of any kind. The reason that others have not been so successful with this remedy, he tells us, is because they do not administer it in sufficiently large doses. Dr. Dalrymple unites, also, in ascribing to the lemon-juice extraordinary curative powers, which, if true, there is a value in the remedy which should not be overlooked. How it acts has not been explained, but why it should not possess a power to eliminate the poisonous matter from the blood, equal to other remedies, or even in a superior degree, I cannot understand. My own experience in the use of lemon-juice in rheumatism is limited, and, in these large doses, I have had none.

Its efficacy in my hands did not meet my expectations, but this may have been in consequence of the smallness of the dose.

9th. The use of *alkalies*, for the cure of rheumatism, is just now the popular treatment; whether they deserve the first place among the remedies is for experience to determine. They are used chiefly in the form liq. pōtass. and potass. bicarb., with a solution of the latter in the proportion of ℥j to aqua Oj, as a local application. The question will, no doubt, give us the benefit of our fellow-members' experience. In eliminating or neutralizing the poison, upon which the inflammatory action depends, there appears to be no incompatibility in the harmonious action

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of such opposite remedies as lemon-juice and liq. potassæ, unless this action be fully explained to be so.

10th. Calomel and opium in rheumatism is a hackneyed treatment which we have all practised with varied success. The patients have recovered, and we have not pushed the remedies so far as to do them injury. At best, the merits of this course appear to be negative.

11th. Colchicum has been one of my favorite remedies in this disease, but I am free to say that it has frequently disappointed me in the effect anticipated, and never produced the results in my hands which have been attributed to the alkalies and lemon-juice. From some experiments published by Dr. Maclagan, of Edinburgh, the physiological action of colchicum in diminishing urea from the blood, and passing it off by the urine has been conclusively settled. Whether its beneficial effects are produced by such action is yet uncertain.

12th. In regard to local applications in acute rheumatism, my dependence is solely upon leeches and ice, or iced water; the ice or iced water I consider invaluable, and have used it in very many cases, and *never* without the most decided benefit, both as regards the comfort of the patient and the curtailment of the disease. I have repeatedly pursued the inflammation from joint to joint, and from one side of the body to the other in its fugitive course, and for the first time have to see a case of metastasis to the heart, where they have been used. I do not believe this result can be brought about by such treatment, *i. e.* that it is productive of it. It may occur under the treatment, but, as I have seen it repeatedly where this remedy had not been resorted to, it would be strange, indeed, if rheumatism should never metastate where cold applications were used. There is in my judgment unnecessary alarm manifested in regard to the danger of the remedy.

Dr. Remington believed all the tissues were affected by it. He believes that he had seen it in the brain, stomach, and bowels. He had seen a serious case of rheumatism of the bowels some years ago, which recovered after a long indisposition extending over three months. The case, eight or ten years afterwards, died under quack treatment very suddenly, and with every appearance of a metastasis to the heart, under the use of cold sheets and packing. He also mentioned the case of a girl 12 or 14 years old, who took a bath and then studied her lesson under an open window. He used vin. colch. rad. combined with an anodyne, as morph. sulph., aq. camph., and spt. æth. nit., perhaps the iodide of potassium, or the nitrate, if fever presented. The case recovered rapidly. Along with this he gave a pill of comp. ext. colocynth, acet. ext. colchicum and calomel. After five or six visits she was restored. Nitrate of potassa was very efficacious. Tartrate of antimony,

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especially in the articular form, he did not like. Lemon-juice he did not rate very high. If there was gout with it, this would certainly do a great deal of mischief. Bleeding was of use sometimes; cupping very advantageous. *Ice* was *never beneficial.* We often see it affecting the heart, and often proves fatal in these cases, hence we should prefer to have it externally rather than internally. In general, physicians, especially the juniors, are too apt to think they do everything and nature nothing. Now he thought the reverse; the *vis medicatrix naturæ* should not be overlooked.

Dr. BELL thought the lecturer was rather brief. A very important thing is to impress on the public mind the risk of its becoming rheumatism of the heart of a grave kind. This is not so fatal as is thought. The sero-fibrous and muscular, were the tissues affected. Shall it be regarded as a blood disease or not? Every disease was to a certain extent a disease of the blood. If we prevent the skin from acting, as where animals have been sealed up as it were, in various experiments, we produce a disease of the blood. The common treatment of venesection is very valuable and important, especially if the heart is attacked. A fact interesting to know, is the proportion of cases of rheumatic inflammation of the articulations to those of the heart. In 136 cases of rheumatism, the heart was affected in 90, as one writer tells us. Dr. B. was better pleased with bloodletting in endocarditis and pericarditis than in other cases. He had treated a case in a young man for another physician with partial relief, when he had a return of it in the heart. He then bled *frequently*, and observed as a result, in a subject who was liable to repeated attacks previously, an entire immunity for years after. In more doubtful cases in which stimulants had been used freely, he should not hesitate to bleed, and had in such seen good effects as before, and a freedom from attacks afterwards. The *cure* of the attack occupies us too much to the exclusion of *prevention.* Sometimes he began by a more moderate course, as with colchicum and alkalies, antimony and opium, with relief and an apparent removal of the disease; but it returned: then he had recourse to depletion, as cups or leeches, and not always from the arm in a broken constitution, as from intemperance, &c.

This is not called for in subacute cases, and especially of pericarditis; we may then treat by opium and calomel, and it yields rapidly. In the chronic form with carditis, we have the best effects from iodine, as iodide of potassium, never in full doses, 5 grs. twice a day, with syr. sarsap. comp., or syr. of wild cherry. A far more troublesome form is the subacute, where it seems to get well, patient going about, and has a return of the disease, again laid up with excessive pain night after night.

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Opium fails to give relief, depletion does not do from the condition of the patient, he then becomes hopeless of relief and quackery is invoked. Here the skin pours out an acrid sweat. In such cases (though it may seem homœopathic) diaphoretics are of service, but though like to like, yet being in sensible doses it cannot be termed that practice; pulv. ipecac. et opii, or opium with tartar emetic, and the vapor bath comes in with good effect. With a febrile condition, a shower bath, and even cold locally are beneficial. This is best in the acute form of the disease, and not when the skin has lost its power, and we have general weakness. He could say little in regard to the use of a particular remedy. He never used persistently one remedy, but varied them according to circumstances; colchicum, bleeding, purgatives, or opium. He had used lemon juice and watched closely its effects, but failed to derive such benefit as has been remarked by others.

Dr. SMITH said, in regard to his paper, that he had no opportunity to make it more elaborate, having been very busy. His object was to present only prominent *points* on the subject, so as to elicit discussion. It especially relates to acute rheumatism, accompanied with high fever; the inflammatory form.

Dr. TURNBULL asked Dr. S. to inform him what treatment he would make use of in a child taken with a chill, vomiting, fever, pulse 120, respiration oppressed, pain in the cardiac region, roughness of the sounds of the heart, and a murmur above the nipple? What course he would pursue if not using depletion and calomel? He had seen pericarditis and endocarditis relieved, and the patient to live some time after. High European authority was in favor of a cure of these affections, and with this treatment. These diseases are on the increase, and he would be sorry to think them utterly incurable. He had seen a case of disease of the heart, developed by influenza, and had seen it subdued by calomel, and subsequently iodide of potassium, in 5 grain doses, and now, three years after, she was entirely well.

Dr. SMITH thought he was misunderstood; he did not mean to propagate the opinion that pericarditis and endocarditis could not be relieved; they could be relieved, and were supposed to be cured; but when there was inflammation of the pericardium, or of the serous membrane lining the heart, he never saw a patient so radically cured that the patient would not die eventually from heart disease, unless cut off accidentally. Cases of heart disease, dying suddenly, &c., when traced back, would be found to have had rheumatism united with an affection of the heart. Not one in ten, that had fallen from heart disease, but had pericarditis or endocarditis, and had been living on in apparent health. In regard to the case of Dr. Turnbull, he would pursue this course:

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leeches over the heart, and meet symptoms in a rational way, as they presented.

Dr. BELL remarked that such cases were carried for years, and hence they should be treated to prevent extensive disease of the valves, which was a common result of neglected endocarditis, but not at all, if treated in a proper manner.

Dr. H. HARTSHORNE believed they were sometimes cured, living at least for many years without any sign of disease. We must not forget, however, the number of fatal cases of heart disease which are not inflammatory in their origin. The local stiffening of the muscles, alluded to by Dr. Bell, and so common as an effect of partial exposure to the cold, he would class under simple inflammation, making a different disease of true articular rheumatism, or rheumatic fever. Many families never have genuine rheumatic fever, or acute articular rheumatism. Whether urea is the poison is very doubtful. When we can trace the effects of urea, retained in the blood, we do not have symptoms of articular rheumatism. The suggestion that it may be lactic acid, in excess, is more free from positive objection, but we know very little of the effects of lactic acid in the blood. Care is certainly needed in the use of cold water to the surface in rheumatism. Dr. H. believed it to be more hazardous when the fever is high than when subdued and more local, as then the poison may be supposed to have been in part eliminated, and the danger of metastasis less. Even the repulsion of the blood from the surface may be, in ordinary cases, a cause of internal inflammation.

Dr. SMITH said that Dr. Maclagan, in his experiments, found urea in the blood, and then, under the effect of medicine, it left the blood, and was found in the urine. These facts seemed very conclusive to this point. He would ask the gentleman to explain how cold does repel the blood, &c., and produce metastasis. Experience does not prove it in acute rheumatism. He would like the *modus operandi* of the process, something more than mere prejudice against the remedy.

Dr. HARTSHORNE. Finding urea in the blood does not prove it the cause of rheumatism. Eminent physicians have observed the same thing in other diseases, as typhoid fever. The explanation of metastasis appeared to him very simple, if we take for granted that rheumatism is a disease of the blood. Whatever repels the blood from the surface tends to promote the deposit of morbid material in interior organs. When we pursue the disease from "joint to joint," this is a metastasis occurring under our eyes.

Dr. EMERSON (having called Dr. REMINGTON, Vice-President, to the chair). Rheumatism depends on different causes. The cold applications he considered, from his own experience, as fraught with danger.

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He should never forget one case, a stout man, with violent rheumatism of the lower limbs, and especially of the knee-joint. He was under treatment some weeks, and much improved, when Dr. E. had to leave the city, and made arrangements to send a friend, if necessary. The friends of the patient persuaded him to send for a hydropath, who subjected him to packing. The chest became painfully affected, and grew worse with every additional packing; still the hydropath stupidly persevered, and when Dr. E. returned, the wife had just interfered. He found him very bad, so that the least motion, or long breath, caused him to cry out. He was in a very critical condition. Dr. E. restored the disease to its former locality, by warm applications over the joint and lower limbs, and by the pulv. Doveri, and warm draughts, the pain left the heart and chest. In this case, there was every reason to believe that it left a locality where it was not dangerous for a vital position. He wished to call the attention of the members to a remedy which, in one case, produced a sudden and agreeable result: croton oil to the spine and back. It was in the case of a young man, 19 years of age, with rheumatism in an aggravated form. The oil was applied freely, and getting on the shirt, spread over the back, and produced a most awful condition, and loud complaints from the patient. He got well, and that faster than any case Dr. E. had ever seen. He frequently applied it, and with very beneficial results. In regard to attacks of rheumatism in the heart, he knew no treatment so effectual as nitre ʒij, tartar emetic gr. j, calomel gr. j, and opium gr. j, divided into 12 powders, one taken three times a day. In corpulent women, as cooks, we have often complaints of pains at the heart and chest, which are traceable to rheumatic attacks; this treatment, sometimes alternated with, or succeeded by, potassii iodidi, was eminently successful.

Dr. NEBINGER thought he had seen two cases, in which by cold, metastasis was produced from the part affected to the heart. One was a young lady who was out in the evening to a party; shortly after she returned she was seized with violent pain in the ankle. Her mother, attributing it to a sprain produced by dancing, poured cold water over it. This produced speedy relief, but immediately after she was seized with violent pain in the chest, oppressed breathing, &c. On being sent for, Dr. N. found, on examination, no reason for a belief in its being a sprain and diagnosticated rheumatism which had undergone a metastasis to the heart. He put the foot in hot water, and after mustard plasters, &c., it returned to its first locality and showed a case of acute rheumatism, by which several joints became affected. Here it was clear, cold water was detrimental. Another case was that of a man who had several times inflammatory rheumatism. On one occasion, after having suffered

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for several days, by the advice of a friend, he applied ice water and salt to the part. Although he experienced immediate relief in the part, yet violent pains set in in the cardiac region. He was bled freely, and before the bleeding was finished, the pain was subdued. Sinapisms and other stimulants were applied to the joint, and after the disease was reproduced there he was cured by the usual means. Having a predisposition to travel, is it good treatment to encourage it to do so by cold water? Some cases require very little, and others an immense amount of treatment. Of all remedies the "*hackneyed* remedy" is the best, and hence he did not like this appellation. He did not like to hear good things called by bad names. Would we apply it to quinine, because so much used in autumnal diseases? Good remedies are solution of nitrate of potassa, colchicum, tartar emetic and opium. In the first severe case he ever saw of articular rheumatism, Dr. N. used cotton to the parts, and nitrate of potassa, tartar emetic and opium; it went on with little or no improvement for several weeks, and he changed the remedies; he at that time feared the use of mercury, feared the production of salivation; by and by, the case not improving, he determined to run all risks and used blue pill, with nitrate of potassa and opium, and in a little time it was cured. He reasoned thus: we have a patient sick a long time, several weeks suffering a great deal, and when grown quite dissatisfied with the treatment, and hope begins to quit us, we have recourse to this Sampson. Why delay? Why make use of the little Davids? Why not call upon Sampson at once? Since the time referred to, he had used mercury in every case of any severity without delay. He emptied the bowels, used the lancet if necessary, and then proceeded as follows: ℞. Potassæ nitratis gr. x; Mass. pil. hydrarg. gr. j–jss; Ant. et. pot. tart. gr. $\frac{1}{12}$; M. Give one every 2 hours. Under this he had seen cases get well in ten or twelve days, when under other treatment they would have lasted weeks. He applied cotton to the joints. This was seemingly applying heat to a part already too hot. There is a certain amount of insensible perspiration going on, which collects between the cotton and the part to which it is applied, and this collecting it, acts as a local vapor bath; benefit was thus produced, and this, also, was an argument against the use of cold to the part.

Dr. Bell thought the difference in the reports of the experience of the gentlemen may result from the different stages, constitutions, &c. It is a vulgar error that the application of cold drives the blood into the internal organs. The heart responds to the application of cold to the surface, and we have a synchronous depression of its action.

Dr. Hartshorne would still have to remain in the *vulgar opinion* in common with all other physiologists except Dr. Bell. He could not

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consider the application of cold to the part a safe treatment in acute rheumatism.

Dr. SMITH thought Dr. H. would make the application of cold drive a little *more* poison to the heart. Now Dr. S. contended if there was any poison in the blood it was already in the heart, and that organ was as likely to take on the diseased action from the presence of an ounce as of a gallon of diseased blood. His theory was, that it was not the *amount* of poison that produced the effect. Dr. H. makes a certain amount of poison necessary to derange the organ, if his theory was correct. In regard to the term *hackneyed*, to which so much objection had been taken by Dr. Nebinger, he would say, that he meant to apply to the medicines calomel and opium no opprobrious epithet. On the contrary, there were no articles in the whole Materia Medica he more commonly used in general practice. He simply meant to speak of those remedies as being in almost universal use, and in the hands of the whole profession.

On motion, the society adjourned.

ART. VII.—*Bellevue Hospital, New York.*

Two Cases of Softening of the Brain, with Complications.—Service of Dr. Clark. R. C. McEwen, M. D., House Physician. Reported by Samuel R. Forman, M. D., Sen. Ass't.

CASE I.—J. M., aged 37, a native of Ireland. By occupation a liquor seller. Admitted September 21. The patient is of medium size and development, with a rather dark complexion, and black hair. He is a little emaciated, cheeks sunken, and countenance wearing a stolid expression.

No hereditary tendencies traceable. Though intemperate in his habits from his youth, he has always enjoyed good health.

Throughout the past summer, he has occasionally complained of pain in the precordial region, and soreness across the lower part of his chest, unattended by any cough; was sometimes troubled with vomiting; was wakeful; grew so nervous that he had to give up his business; noticed that he was gradually losing the use of his left leg. His hearing and sight, especially in the organs on the left side, were impaired by degrees; at some periods more markedly than at others. A few weeks before entrance, he was seized with severe pains in his left hip, extending down the thigh to the knee; soon after, his speech began to be less distinct. He has not felt any numbness in his limbs, not suffered from headache, nor had any convulsive movements. His mental faculties have become slightly impaired, manifested chiefly by unusual impatience.

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Oct. 8. Since his admission, he has lost the use of his left lower extremity, which has become spasmodically half-flexed, and strongly adducted; its extension causes great pain. No other part of his body is similarly affected. His tongue, on protrusion, points to the left. Left pupil sometimes dilated. Has some difficulty in swallowing; no appetite. Bowels, costive. Urine passed freely.

Attached to each scapula, on its posterior border, is a small, hard, oval tumor, about as large as a pigeon's egg. A similar one (movable) may be felt in the left hypochondriac region.

10*th*. General aspect worse. Has talked much, but indistinctly and incoherently. No appetite; takes but little nourishment. Tongue, dry, and brown in middle. Passes urine and feces unconsciously. Respiration more frequent.

12*th*. Pulse, respiration, and general condition, seemingly improved.

13*th*. Much worse. Pulse, 160. Restless on being roused. Left leg has lost its flexion, but is still strongly adducted. Respiration very frequent. Patient sinking rapidly. Died 1½ A. M.

14*th*. Autopsy, thirty-eight hours after death.

On removing the calvaria, several fungoid tumors of the dura mater were observed, six of them penetrating the cranium, and forming dark, circular, bloody looking elevations immediately under the scalp, the absorption of the inner table being more extensive than of the outer. The largest of these tumors was one and one-half inch in diameter, and elevated about half an inch. There were none situated at the base of the skull, and none penetrated the arachnoid covering of the dura mater. On removing the brain, about ℥iss of serum escaped. Whitish lines—the marks of arachnitis—were observed on the convexity.

On section, the tissues outside the posterior horn of the right lateral ventricle, including the walls below, were found decidedly softened, but not diffluent. There was a yellowish tint to all the right corpus striatum, and, at the anterior point, the softening was marked; still, not diffluent. Optic thalamus, of normal consistence. No fluid in the ventricles. Fornix almost disorganized; its body, nearly to the posterior pillars, very much softened. Color changed from a white to a grayish-yellow; on trying to raise it, it formed a pulpy mass. Both crura cerebri were considerably softened. Many highly vascular dark colored tumors were found in various places, on the ribs, sternum, and scapulæ—in some places destroying the proper tissue of the bones, and making them movable as on a joint. Some of these were firm, and of uniform consistence; others were cysts, containing a reddish-brown, semifluid mass. Microscopical examination showed that both these and those of the dura

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mater were composed of spherical cancer-cells, those of the dura mater being one-fourth larger than those in the other tumors.

Case II.—G. B., aged 26, married, native of Germany. Occupation, laborer. Admitted October 10, 1857. Patient is a rather spare, but well formed young man, of fair complexion and brown hair. Though somewhat thin, he does not seem markedly emaciated. Is regular and temperate in his habits. Hereditary tendencies unknown. Has never been sick till five years ago, when he had rheumatism. Has no marks of syphilis, and has never received any injury. He has been able to work till two months ago; about that time he began to suffer from headache in his left temple. He seemed troubled in his mind, and was irritable, frequently passionate. At times during the last six weeks, he talked strangely to himself, especially in the afternoon. In the evening, he usually slept from six to twelve; after that he would lie awake. In the morning, he generally felt so much better that he would speak of resuming his work, but, by noon, the pain in his head would return, and he become dizzy; this recurred daily, he growing worse. His sight and hearing at times failed him, and his speech became indistinct. For the past three weeks he has shown a weakness in his right side, the arm being cold, and affected with jerkings; the leg did not seem changed from its normal condition or powers. No contraction of any of the muscles of the face has been remarked; he has been much annoyed by itching of his nose. During this period, he has vomited a great deal of bilious matter. For the last two weeks he has not been able to sit up; has not made known his wants, or complained of any pain whatever, except his headache. During the last week, he has not spoken at all; has been insensible most of the time lately, passing his urine and feces involuntarily.

Oct. 10. He was brought in in a comatose condition. Pulse slow. Respiration slow, and abdominal. Eyes glaring, and insensible to external impressions. Both sides paralyzed; right more completely than the left.

12*th*. At the morning visit, patient was roused from the stupor, which has been constant since his entrance, but could not talk, or put out his tongue. On being asked if he had any pain, shook his head affirmatively, and when told to put his hand where he felt it, raised the left one to his head, but indicated neither side. His eyes, especially the right, are dull, suffused, and not very sensitive to light. Pulse fuller and stronger. There is no paralysis on left side, this morning. He takes some nourishment, but does not swallow promptly, sometimes keeping food in his cheek. His bowels not having been moved in several days, an injection

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was given, which brought away a little white, slimy matter. At evening visit, he was again comatose, but had spoken once distinctly. He was lying on his right side, and rolling about, his legs drawn up, and head thrown back. There was some movement in the paralyzed arm.

15*th*. Patient has lain comatose. Respiration has gradually risen to 28, and pulse to 156, weak. Pupils contracted; left side now also paralyzed. Passes his urine and feces involuntarily. Can eat nothing. On giving him milk, he makes no attempt to swallow it, but, on its being drawn into the trachea, coughs; sank slowly, and died about 9 P. M.

Autopsy, forty hours after death. Vessels of the dura mater very much congested; pia mater also loaded with blood. Unusual flattening of the convolutions, especially on the left side. About ℥iss of serum at the base of the brain; arachnoid at the base of pearly whiteness. Pressure on the parietal region of the left side produces an obscure feel of deep fluctuation. Dura mater at the great fissure unusually adherent to the membranes beneath. Consistence of the right side down to the roof of the lateral ventricle, normal. Lateral ventricle laid open; ℥ij of serous effusion. Corpus striatum of the left side carried over into this ventricle, pushing the septum lucidum before it. Left side, upper portion, also of normal consistence. Corpus callosum arched up, and fluctuating. Lateral ventricle, no fluid. Floor much softened, and in part elevated. Corpus striatum lifted up, and crowded back, and to the left. Optic thalamus stretched out over the upper wall of a sac beneath. On cutting through this, a cyst was found, which, by pressing up the floor of the ventricle, filled its middle and posterior part. The brain matter is quite distinct from the cyst, yet so firmly adherent in some parts, that, in attempting roughly to separate it, the cyst was ruptured, and about ℥j of yellow, transparent, serous fluid escaped. The cyst measured about two inches by one and one-half; its longer diameter was nearly at right angles to the longitudinal fissure of the brain; it contained, before rupture, about ℥ij of fluid. All the substance of the brain in contact with the cyst, was much softened, the consistence gradually increasing, in cutting outward, for about a quarter of an inch. No parasites were found in the cyst on microscopical examination.

Remarks.—A point worthy of note, in the first case, is the relation between the parts affected by the softening, and motion, and sensation, tending to confirm the opinion held by some pathologists, that the corpus striatum is the mere passive agent of the will, residing in the gray matter, while the optic thalamus presides over sensation; since, while the former was found to be somewhat softened, and the latter not at all, there was paralysis of motion, but sensation was nearly normal. This case also adds another to the cases collected by Andral where lesion of

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the corpus striatum was followed by paralysis of the leg only, showing that the old opinion that the superior extremities only were affected by this lesion, and the inferior only by that of the optic thalamus, was incorrect.

The reported alternations of improvement and relapse, and of lateral convulsive movements, in the second case, led to the incorrect opinion that there existed a vascular tumor, which, by congestion, caused the exacerbations of his symptoms. This case also illustrates both the points noted above, the optic thalamus being more diseased than the corpus striatum, while sensation was nearly lost, and the paralysis of the arm more complete than of the leg. They both also tend to show that when any great disproportion exists between the mind, on the one hand, and sensation and motion on the other, the disproportion is against the mind. The reflex influence was not destroyed in either case, as the first would swallow liquids that trickled into the fauces, and the second coughed on getting food into his larynx. No vigorous treatment was used in either patient; a mere tonic sustaining course.

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BIBLIOGRAPHICAL NOTICES.

ART. VIII.—*Christianity in the Kitchen.* A Physiological Cook Book. By Mrs. HORACE MANN. Boston: Ticknor & Fields, 1857.

OF all the places in the world (we had liked to have said "above ground," but which kitchens are not generally) we think few places are more in need of the influences of Christianity than those which it is the design of this book to enlighten. Its object is to show how healthful, nutritious, and even luscious, food can be prepared, without the admixture of injurious ingredients. There is, perhaps, no more prolific cause of bad health than abuse of diet—not merely by excessive drinking of injurious beverages, but by excessive eating, and by eating unhealthful food.

To notice a publication on such a subject, in a professional journal, may be regarded as "*infra dig.*" by some, and so it would be, were the book one of the common *hashes* that are so frequently met with, with no other principle at bottom than the money that may be made from them. But here is one, which is truly what its title purports—an effort to introduce sound physiological principles into the kitchen, and we have no question, from our knowledge of the intelligence and honesty of its authorship, that it may be fully depended upon.

ART. IX.—*The Parish Will Case, before the Surrogate of the City of New York.* Medical Opinions upon the Mental Competency of Mr. PARISH. By John Watson, M. D., D. T. Brown, M. D., M. H. Ranney, M. D., Pliny Earle, M. D., Luther V. Bell, M. D., I. Ray, M. D., and Sir Henry Holland, Bart., M. D., F. R. S. Pp. 573. New York: 1857.

WHILE witnessing this case, dragging its slow length through the courts and newspapers, it did not occur to us that it was going to yield as much as this book contains, that would be of interest to the profession. The work is compiled by Dr. Watson, from the testimony given in the case, by the eminent men whose names appear in the title.

The interest of the case, to the medical profession, turns briefly upon

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the following facts. Mr. Henry Parish, a retired merchant, died in New York, on the 2d of March, 1856, in the 69th year of his age, leaving a large estate, a widow to whom he had been married about 25 years, but no children.

On the 20th of Sept., 1842, preparatory to a European tour, which he was then about to undertake, for recreation, and the benefit of his health, and while yet in the enjoyment of his intellectual faculties, Mr. Parish made his will; and subsequent to an attack of apoplexy, accompanied with paralysis of the right half of his body and limbs, he, with the assistance of other persons, put his mark to three codicils, materially altering the said will. The validity of these codicils is contested. Our readers will readily perceive that the work before us, containing, as it does, the testimony of so many experts in mental diseases, and the effect of certain pathological conditions of the brain on the mind, must contain much that will interest the medical man. Our thanks are due to Dr. Watson for the copy he has sent us. We presume that the work may be obtained from the bookstores, or through Dr. Watson.

ART. X.—*Books and Pamphlets received.*

1. *Urethro-Vaginal and Vesico-Vaginal Fistules:* Remarks upon their peculiarities and complications; their classification and treatment; modifications of the button suture; and report of cases successfully treated. By N. Bozeman, M. D., of Montgomery, Ala. Pp. 59. Montgomery: 1857. (From the author.)

2. New York Academy of Medicine, Oct. 7th, 1857. *Discussion on Puerperal Fever.* Remarks by B. F. Barker, M. D., Prof. of Obstetrics, &c., in the N. Y. Medical College. Pp. 23. (From the author.)

3. *The Rights of Authors.* Advance sheets from a forthcoming work on the Institutes of Medicine, by Prof. Martyn Paine, M. D., of New York. (From the author.)

4. *Twenty-first Annual Report of the Trustees and Superintendent of the Vermont Asylum for the Insane.* August, 1857. Brattleboro, Vt. (From Dr. W. H. Rockwell, Sup't and Physician.)

5. *Nineteenth Annual Report of the Board of Trustees and Officers of the Central Ohio Lunatic Asylum,* to the Governor, for the year 1857. Columbus, Ohio: 1858. (From Dr. R. Hills, Sup't.)

6. "*Truth leads to Success.*" An Address delivered before the Graduating Class, at the Dartmouth Medical College, at Hanover, N. H., Nov. 11th, 1857. By Geo. H. Hubbard, M. D., Editor of the *New*

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Hampshire Journal of Medicine. Manchester, N. H., 1857. (From the author.)

7. *Introductory Lecture,* delivered by D. Warren Brickell, M. D., Prof. of Obstetrics, in the N. O. School of Medicine, Nov. 3, 1857. Published by request of the Class. New Orleans, 1857. (From the author.)

8. *Introductory Address,* delivered before the Class of the Medical Department of Iowa University, at the opening of the course of Lectures for 1857–58. By A. S. Hudson, M. D., Prof. of Theory and Practice of Medicine. Keokuk, Iowa. (From the author.)

9. *Announcement of Lectures in the Atlanta (Gaz.) Medical College, for* 1858.

10. *Barclay's Manual of Medical Diagnosis.* Pp. 423. Philadelphia: Blanchard and Lea. (From the publishers.)

11. *Miller's Principles and Practice of Obstetrics.* Pp. 624. Philadelphia: Blanchard and Lea. (From the publishers)

ART. XI.—The January and February numbers of *Godey's Lady's Book* are on our table. There is no publication in the United States that gives more evidence of energy and enterprise. Its illustrations are exquisite. Our readers, who have families, should take the work of course, and those who have not, would find it a powerful engine *under certain circumstances.* Try it.

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EDITORIAL.

OUR JANUARY NUMBER.

We are happy to say that our January number has been received by our subscribers with almost unbounded favor and satisfaction. There is only one thing which seems to give rise to a diversity of opinion, and that is the Ethnological discussion. We might quote from letters from subscribers in all sections of the country who are interested in this subject, and we could offset these quotations with others who are very desirous to see the last of it. Our own judgment is that the subject is important, and ought to be, *and will be* discussed, whether in our pages or elsewhere. But it is occupying entirely too much space in our journal. Some of the articles are entirely disproportionate in length to the size of the Reporter, or to the *general* interest that is felt in the discussion. It must not be forgotten, that since the subject was opened in our columns, we have added twenty-eight extra pages to different numbers, which may be put to the account of the discussion. We shall see to it that this subject shall not encroach on our pages to the exclusion of more than our usual variety of matter.

We would add that we are making arrangements that will enable us to give our readers an early *résumé* of the contents of some of the best English, German, and French journals. In the meantime we are gratified at the evident appreciation with which the efforts we are making under very disadvantageous circumstances to improve the Reporter, have been received. Let our readers remember that the trying times we are passing through have caused the suspension of journals backed by a heavier capital than it is in our power to command, out of our regular subscription list. As business revives, we shall look for still larger additions to our subscription list than we have yet had.

THE STATUS OF THE PROFESSION.

In our last, we briefly adverted to what we assumed to be a fact, viz: that the medical profession has, in some degree, lost its

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hold on the respect and confidence of the public, and endeavored to support our views by a comparison of the standing of the profession of our day with that of the past.

Let us now very briefly glance at some of the causes of this state of things:—

1. *Education.*—Deficient preliminary education lies at the foundation of an inconceivable amount of evil to our profession. Too many young men are admitted into the offices of physicians, as students, who are almost entirely guiltless of even the first rudiments of an English education; whereas they should be well grounded, not only in the rudiments of an English education, but in all the departments of English literature. They should have at least some acquaintance with Latin and Greek, French and German. They ought, in fact, to have a thorough collegiate education. In the absence of this, there should at least be required, on the part of the preceptor, some evidence of a taste for study, particularly for those branches of study closely allied to medicine. A student with these preliminaries will hardly fail to command any amount of respect as a physician when he enters the profession, provided he respects himself.

Having entered the office of his preceptor, the latter should take an interest in guiding his studies, and the student should, as soon as possible, have the advantage of attending a preparatory medical school, or at least lectures in the college, on anatomy, chemistry, and materia medica. Botany and practical pharmacy should also constitute part of his earlier studies. Having begun his studies by attendance on a demonstrative course of lectures, the student should pursue a systematic course of study on the *principles* of the science of medicine, undergoing daily examinations at the hands of his preceptor. Clinical instruction should form an important part of his education, and he should be examined upon the cases presented to his observation. With these requirements at the hands of his preceptor, there is no fear but the student will complete his education in the college that will afford him the best facilities, and he will graduate with the honors of his school. We, therefore, for the sake of brevity, throw the schools out of this discussion. But how few there are who enter the profession with scarcely a tithe of the qualifications delineated above, it is needless for us to remind our readers. Raw, uneducated

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young men are crowding into the profession every year, with the smallest modicum of attainment in any department of knowledge. They are ground through our colleges, whose published rules require certain attainments, and a course of three years of study, in defiance of any claim for honors whatever on the score of their mental acquirements, or the length of time they have devoted to study. Every physician can cite cases within his own knowledge of gross departure from published rules, in these respects, on the part of our medical schools. We could give the particulars of several cases of the kind, involving more than one medical college, without going out of our own neighborhood.

Can we wonder that medical men do not command the respect of the public, when medical honors can be purchased at so cheap a rate?

2. *Inadequate Remuneration.*—We shall say but little on this point. It must be conceded that our profession, in all its departments of labor, is but poorly remunerated. It is so overstocked, and there are so many in it of low and grovelling ideas, that a kind of competition is engendered, that keeps fees at so low a mark that the physician is but poorly paid. In this connection, we must enter our protest against so much work being done by the profession in our hospitals and dispensaries for nothing. Not one of these institutions can get a word of legal advice without paying for it at the highest rates. In consideration, we suppose, of their fees, gentlemen of the legal profession are treated with some sort of decency, while these corporations, which generally owe their very existence to medical men, hesitate not to heap the greatest indignities upon a profession which is all too eager to serve them for the honor of the thing. The same may be said of the public generally. The family of many a man is attended, year in and year out, by his physician, gratuitously, who would not enter a lawyer's office for a piece of advice involving fifty dollars' worth of property without five dollars in his pocket.

Is it to be wondered at that a profession that holds its services at so cheap a rate is not respected by the public?

3. *Quackish tendencies in members of the Profession whose standing is unquestioned.*—Although we have a national code of ethics, by which we profess to be guided, it is notorious that there are men, whose standing in the profession is unquestioned, who form

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a continuous link between it and the lowest forms of charlatanry. Of this fact, we have, during the past year, had a most humiliating example, in one who holds high office in our National Medical Association. A man who, whatever his talents may have been, never commanded the respect, or stood on equal ground with the profession of the city where he practised, throws off all restraint, and sells himself to the most bare-faced quackery, and yet, when an opportunity offers to obtain a fat office in a large and important public charity, which promises better pay than his quackery, he can find a Vice-President of our National Association who will recommend him for the office, and then defend his course in the columns of a medical journal, of which he is editor, with a pertinacity that seems to have befogged two respectable western medical journals. "A repentant sinner," indeed! Pray, how many notorious sinners would repent, and fill our churches, at three or five thousand dollars per annum? A good missionary our vice-president would make, though he would require a mint of money to back him, while the permanent good accomplished would be of little or no account. Here, then, is an undoubted connecting link between our highest medical organization and the lowest depths of quackery. But it may be well that the case has occurred, and attracted the attention of the profession to so important a subject.

Can we wonder that a profession so closely allied with quackery is so often placed by the public in the same category?

Before our profession will receive that respect which it ought to deserve and then expect at the hands of the public, these evils must be removed. The manner in which this may be done will be adverted to at another time.

THE ETHNOLOGICAL QUESTION.

We present, in this number, another article on the question "Is the negro a distinct species?" This subject does not, by any means, diminish in interest. On the contrary, it is every day attracting more attention, both in and out of the medical profession. An objection to a discussion of the subject, at this time, is that ethnological science is so much in its infancy that the discussion is premature. This, however, we are hardly prepared

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to admit as a valid objection, as discussion will throw light upon the subject.

It is due to Dr. Forwood, to say that his position on this question has not been fully understood. We certainly are among those who did not comprehend the meaning of his former article. He does not regard the negro as allied to the monkey. On the contrary, he regards them as of distinct *genera*. Mankind he regards as a genus composed of several species; the negro is placed by him in contrast with the Caucasian in this discussion, on account of the low place which, according to his theory, he occupies among the species, thus rendering the contrast greater.

We think that the advocates of the diversity of origin of the human race presume too much upon their present knowledge. Investigations are on foot now, and Egyptian and Assyrian discoveries have recently been made, which may materially modify some of the deductions from former reputed discoveries. Works are in process of publication, both in England and Germany, which have an important bearing on the question at issue. Writers on this subject should remember that the reputed discoveries of a day, with the deductions drawn from them, cannot in reason be received as established truths, without being subjected to the most searching comparison with well established truths and theories.

In the mean time, we bespeak for this question a patient hearing of both sides, and hope that those who take part in the discussion will do so in a spirit of candor, and with an humble sense of the majesty of Deity, the perfection of His works, and the utter insignificance of man in comparison. For our own part, we rejoice in the belief that, for ALL nations and races of men, whether of one species or many, there is hope beyond the grave, believing, as we do, that the period of their existence here is but as a microscopic mote compared with the universe.

The Journals.—We are glad to observe an improvement in the appearance of many of our exchanges. We would instance the *N. A. Medico-Chirurgical Review*, which is enlarged, and the price of the subscription increased to $5 00. The additional space, like that of our own journal, is intended to accommodate abstracts from contemporaneous journals. We like everything about this journal but its name.

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The *N. Y. Journal of Medicine* makes an improved appearance. Dr. Smith has secured the services of an able corps of collaborators, among whom is the name of E. Brown Séquard, M. D., "Prof. in the Cooper Institute of New York." The *Nashville Journal* has secured the services of Drs. Blackie and R. C. Foster 4th, in the editorial department, Dr. Eve withdrawing. (By the way, Dr. Flint, of the *Buffalo Journal*, is in error, in classing the *Nashville Journal* among its seniors. The latter journal publishes two volumes a year, which may account for the apparent difference.) The *Northwestern Medical and Surgical Journal* changes its title to "*The Chicago Medical Journal.*" Dr. Happoldt withdraws from the *Charleston Medical Journal*—a position he has very worthily filled—and is succeeded by Dr. J. Dickson Bruns. It is announced that Dr. D. W. Yandell contemplates founding a new journal in Louisville, Ky. We also see it stated that a new journal is to be started in North Carolina.

Just as we are going to press, the Dec. No. of the *Western Lancet* comes to us with the announcement that its days, as an independent journal, are numbered. It will henceforth be issued under the name of the *Cincinnati Lancet and Observer*, having been united with the *Cincinnati Medical Observer*. The consolidated journal is to be under the proprietorship of Dr. E. B. Stevens, and edited by Drs. Mendenhall and Stevens.

Dr. Blackman, late editor of the *Western Lancet*, thus gives the *coup de grace* to his experience as an editor. "Could we have foreseen the cares and annoyances of an editor and proprietor of a medical journal nothing could have tempted us to add to the demands on our time, made by our public and private labors—the thankless toil of this new vocation. * * The State of Ohio can boast of medical talent enough to sustain a journal far superior to any to be found at present within its borders; but it were easier to call Lazarus from his grave, than to rouse many of the profession from their lethargy, or secure their cöoperation in any effort to build up a medical literature worthy of the age, or the noble state in which we live."

In noticing Dr. Yandell's proposition to start a new journal in Louisville, Dr. Blackman says that he does not believe that it can succeed, as other journals, in the hands of publishers with ample means, circulate largely throughout the West. He says, that the *London Lancet* has a circulation in Cincinnati about equal to that of its own journals. An international copyright law would be an "amazing good thing" for that journal.

Dr. B. accords to Dr. Yandell the ability to bring out a good journal,

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and, if fond of expensive luxuries, hopes he may enjoy the luxury. For his own part, he can truly say, "enough is as good as a feast."

Tribulations of Discoverers.—Dr. Marshall Hall claimed priority in the discovery of the excito-secretory function of the spinal nerves, but gracefully yielded it to Dr. Henry F. Campbell, of Augusta, Ga., on his demonstrating that he taught the same doctrine prior to its announcement by Dr. Hall. But, no sooner had the chaplet been placed on Dr. Campbell's brow, by so distinguished a hand, than up jumps Dr. J. Adams Allen, of somewhere in Michigan, and "puts in" for the honor of teaching the same doctrine before Dr. Campbell did. Still the question was not allowed to rest, for next, down comes Dr. Martyn Payne, of New York, with a claim to a priority over all and everybody! Well! here are "riders" enough to crush anybody but a Campbell. We know he has "pluck," and if there is any such thing as defending his claim, he will do "that same." We wish him a good time.

Another case, of the same kind, has more recently engaged the attention of a portion of the profession. It is "on this wise." Dr. Oliver W. Holmes, the eccentric "poet, anatomist, and physician," of Boston, and Dr. Powhatan Jordan, on whose favored person, the shadow of the President occasionally falls on "Pennsylvania Avenue," happened, simultaneously, we believe, or nearly so, to discover—we will not say that—to *record* the discovery of "a foolish little muscle"—as Dr. Holmes very poetically calls it, since he finds that there is a rival claimant to the discovery—being a continuation of a few fibres of the rectus abdominis, across the sternum—up, somewhere, towards the calvaria. If our memory serves us rightly, the late Prof. Horner frequently pointed out these fibres, in his lectures, but made no special note of them. How is *this* matter to be settled?

We long ago said that we hoped we never should discover anything, as nothing would be gained by it, for some one would be ready to claim it as a prior discovery!

Benedict's Sanitarium.—This institution is located at Magnolia, on the St. John's River, East Florida. It is about 25 miles south of Jacksonville, and 20 west of St. Augustine. Dr. Benedict was well known in Philadelphia and New York, as an eminent practitioner of medicine, and was, for some time, Superintendent of the N. Y. State Lunatic Asylum. Being threatened with tubercular disease, he went to Florida, where his health was so much benefited, that he determined to establish, at some eligible point there, a sanitarium, under his own immediate

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supervision. This, he has located at Magnolia, and surrounded it with every attraction, for a pleasant winter retreat for invalids.

We have had patients and friends under Dr. Benedict's care, much to their satisfaction, and we know of others who have sojourned at his institution, and been benefited by it.

The access to Magnolia is by steamship from New York, or by railroad to Charleston and Savannah, thence by steamer, from the former place, on Tuesdays, and from the latter on Mondays, Wednesdays, and Fridays, reaching Magnolia the following days. The expense from New York is little over thirty dollars.

We commend this institution to the notice of our subscribers who may wish to send patients to a mild climate, and desire to have them under competent medical supervision.

New York Ophthalmic School.—Dr. Mark Stephenson is delivering his annual course of lectures at the N. Y. Ophthalmic Hospital, No. 6 Stuyvesant Place. The last annual report shows that, during the past year, 1,200 cases of diseases of the eye were operated upon, or prescribed for, including most of the diseases which afflict that organ. Our readers will perceive by the advertisement that this institution offers excellent advantages for the study of diseases of the eye.

Southwestern Clinical Infirmary, Philadelphia.—Some changes have been recently made in this institution. Dr. J. A. Meigs is transferred to the department of Diseases of the Chest; Dr. W. H. Gobrecht to that of Diseases of the Kidneys, and Dr. Eli McClellan—son of the late Prof. Sam'l McClellan—has been appointed to the department of Diseases of Females.

We learn that Drs. Madison, Turnbull, and McClellan, will give a clinical course in the Infirmary during the coming summer. An excellent opportunity for students.

☞ We regret very much that in spite of the addition of eight extra pages to this number, we are again compelled to omit valuable matter. This comprises all our editorial correspondence, obituary record, and miscellaneous matter.

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THE

MEDICAL AND SURGICAL REPORTER.

VOL. XI. MARCH, 1858. No. 3.

ART I.—*Unity of the Human Race.* By HENRY R. BALDWIN, M. D., New Brunswick, N. J.[1]

REFLECTING upon what subject would afford an appropriate theme for an essay upon this occasion, I have been actuated by a desire to present that which seemed of the greatest importance; and have been unable to select any more worthy of consideration than that of the unity of the human species.

The query, is man a unit, or in other words, are all mankind descended from a single pair of human beings, is a subject fraught with the greatest importance to humanity, involving as it does the mutual obligation of races to each other, and the truth or falsity of that volume upon which the everlasting hopes of millions of mankind are based. Many questions are presented for scientific investigation upon which the accumulated research of ages has shed only the flickering rays of an uncertain and obscure light, and which are still enshrouded in the misty veil of obscurity. This is the case with the subject of our selection, for laying aside all the evidence deducible from revelation, and founding an argument only on those facts which are obtained from the natural history of man and the world, it is incapable of perfect demonstration—still, by carefully noting many points of similarity existing between all nations, and viewing the singular adaptedness of the material world to the wants of man, as well as the fitness of his conformation for accomplishing the ends for

[1] Read before the Medical Society of New Jersey, and published by order of the Society.

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which he was evidently designed, we may arrive at a probable conclusion.

The first grand prevailing faculty with which all men are endowed, whether living amid the arctic snows or under an equatorial sun, whether the refined and educated student of science or the naked Bushman of Africa, is speech or language—and by this we mean not the mere articulation of certain words or the utterance of broken sentences, for in this he would be equalled by many of the inferior animals who may be taught to utter many words or even sentences—but by language we mean the articulate utterance of such sounds as necessarily imply a train of thought.

Now the possession of this faculty by all men, although it affords presumptive evidence that each learned it from the other, or that it was originally given to a single pair, does not of necessity imply as much, for if it is supposed that originally there were five distinct centres of creation, it might just as easily be supposed that each central pair received the same gift. But if upon inquiry into the history of languages we find a marked analogy between them, and that the same rules for the construction of sentences obtain, we have good reason to conclude that this uniformity has resulted from some cause much more potent than mere accident. "There is in all languages of the earth," says Dr. Good, "a general unity of principle which evidently bespeaks a general unity of origin; a family character and likeness which cannot possibly be the effect of accident. The common divisions and rules of one language are the common divisions and rules of the whole, and hence every national grammar is in a certain sense, and to a certain extent, a universal grammar, and the man who has learned one foreign tongue has imperceptibly made some progress towards a knowledge of other tongues. In all countries and all languages there is only one and the same set of articulations, or at least the differences are so few that they can scarcely interfere with the generality of the assertion; for diversities of language consist not in different sets of articulations, but only in a difference of their combinations and applications. No people have ever been found so barbarous as to be without articulate sounds, and no people so refined and fastidious as to have no desire to add to the common stock. But independently of a uniform set of articulations, and a uniform system of

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grammar, there is also a uniform use of the very same terms in a great variety of languages to express the very same ideas, which, as it appears to me, cannot be accounted for, except upon the principle of one common origin and mother tongue; and I now allude more particularly to those kinds of terms which, under every change of time, and every variety of climate, or of moral or political fortune, might be most readily expected to maintain an immutability, as those for example of family relationship, and patriarchal respect; or descriptive of such other ideas as cannot but have occurred to the mind very generally, as those of earth, sky, death, and deity." Again, the fact that mankind can so generally acquire the language of another nation, and so speedily enter into communication, implies the operation of similar laws in giving expression to their thoughts. But we may here be asked, how then can you account for the variety existing in languages? We answer as follows: The dispersion of the human family throughout the earth was the necessary consequence of an increase of population. In ancient times whole communities were accustomed to migrate from one portion of the earth to another, and especially is this true of those of a warlike or pastoral character—a familiar example of the former presents itself in the invasion of England by the Normans, which shows in the most striking manner how two languages may be blended into one, and thus entirely alter its character. But we need not go back to former centuries to illustrate this point; it will only be necessary to instance the languages, spoken by a portion of the Canadians, or by some of the inhabitants of Louisiana. If then we imagine these changes to have been in progression for five thousand years, and the commingling of races by intermarriage which would inevitably occur, and that successive generations meeting with new objects of attention and new wants would frame their speech to meet the exigencies of the case, there can be no difficulty in explaining how it has happened that the languages of the earth are so multifarious.

But we have said above that language implies thought, therefore man must be considered as endowed with intellect; he has not only the means of expressing thought, but he has reason to guide him both in framing his speech, and directing it to a given purpose. We do not intend entering upon an argument to prove

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the distinction between reason and instinct, but at once proceed to consider how reason stamps the whole humanity with unity of origin; and this will best be accomplished by showing that the most degraded are possessed of this faculty, and then inquiring what reason has accomplished and is accomplishing for the race. The Bushmen of Southern Africa are perhaps the most unpromising example presented to us by history. The subjects of a tyranny, oppressive as it is unjust, they have been compelled to resort to a wandering life, and subsist upon roots, herbs, and the chase, with no habitation but the caves of the desert, and no property except that obtained by theft, subjected to continual invasion by the ruthless destroyer, where can we find a people more abject in their misery? And yet, even here, we find undoubted evidence of mind.

They have been described as passionately fond of liberty, fierce, and deceitful; still they manifest some of the noblest traits of character; they can be grateful for favors, faithful to their charge, and will habitually distribute to their friends any boon they may have received, and frequently it has been observed that he who originally received the gift reserved the least of it to himself. The comparison of the present condition of many tribes of South Africa with what they were at the period of settlement by the Dutch in the year 1652, leaves no doubt of their decided progression in knowledge and civilization. Having thus shown that these miserable creatures are possessed of those sentiments which of necessity imply reason, we would now consider what reason has done and is doing for humanity, and how its possession renders it probable that mankind are descended from a single pair.

The human infant is the most helpless of all animals; his powers of locomotion undeveloped, and his intellectual faculties scarcely apparent, he can neither fly from danger nor appropriate those materials necessary for the maintenance of his own existence.

Although without any natural weapon by which he can successfully cope with many of the larger animals, yet the possession of reason enables him not only to destroy them, but even to subjugate them to his will, and render their superior strength subservient to his purposes. Born destitute of any covering whereby he is protected from the vicissitudes of the weather, yet by his superior ingenuity he is capable of either weaving fabrics from

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the vegetable world, or of appropriating the skins of animals to his use, enabling him to maintain life in almost any climate. Inferior to many animals in rapidity of motion, yet he surpasses the fleetest and most enduring of them by his conquering brain, so that time and distance are neither of them regarded as an impediment in accomplishing any purpose to which he may direct his powers. We might thus go on citing instances to prove that reason has enabled man to adapt himself to any and every circumstance, and although we cannot deny that some races of men have receded rather than advanced in civilization, yet if we take a comprehensive view of the subject we cannot fail to observe that progress is a law of his being. Look at the nations of antiquity with their rude weapons and their tardy transportation, their ignorance of navigation and their restricted commerce; look at their social relations and their moral character, and then turning to our own age draw a comparison; see the evidence of the march of mind in the mighty steamship as she in solitude breasts the billow like a thing of life, and with undeviating certainty wends her way to the unseen land; see it in the bands of iron which are encircling earth, and riveting nations together with adamantine chains; see it in the talking lightning subdued to man's control; does not this prove progress, and progress with a definite aim? Man, then, has a particular end to which he seems directed. We have seen that by reason he is able to control the whole inferior world evidently proving that all animals were destined to answer his purposes.

It is natural to suppose (and we have in some measure shown it), that the whole material world was intended for man's use, and in proportion as he advances in knowledge does he acquire a mastery over the forces of nature. Every improvement in the arts, every discovery in science, every stride which is made over the wastes of ignorance tends directly to the improvement of man's physical condition, and by elevating his thoughts and enlarging his mind concerning the vast machinery of nature in all its stupendous magnificence, it ennobles and exalts his mental and moral sentiments. Here, then, is a single grand aim to which all races have been conducing since the commencement of time, and to which the accumulated industry and advance of all nations will continue to add so long as time shall endure.

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Now, we argue that the adaptedness of man's mental constitution for the accomplishment of this design, can be as well compassed by his being derived from a single pair of human beings, as if he were descended from five; and, therefore, we conclude that it would have been unnecessary for mankind to have originated from five different points of creation unless some end were to be gained by it, which end does not appear, and the analogy of nature proves that nothing was unnecessarily made. But we are not confined to the mind as the only universal characteristic of the humanity; man is also endowed with moral sentiments, and here the identity of the human race is most marked—no tribe or nation having been found in which these faculties are absent. It seems that all men have the sense of individual rights and possessions implanted in them. The savage, when he commits theft, is conscious of having done a wrong action, as appears by his immediate concealment of the article stolen, and by a studious denial of the act. There are offences against the natural rights of man, and offences against his legal rights; any violence done to the former appeals at once to the conscience, whilst with regard to the latter, being mere human enactments for the more successful government of society, any wrongs committed against them are feared only because of the penalty attached. That all men are conscious of committing offences against the natural rights of man appears from the fact, that when the government admits of the greatest freedom as to personal action, the only law being the will of the chief; yet here we find man endeavoring to propitiate some invisible power either by sacrifices or personal penance. Closely connected with conscience is the attribute of benevolence. There is a silent monitor in the breast of every one which tells us that it is right to do a kind action to any creature; and that being does not live who is incapable of feeling the inward approval of his conscience whenever, resisting the seductions of an evil nature, he has in some way enhanced the happiness of his fellow creature. Benevolence shines through the whole creation, and the design of the universe seems to be to increase the happiness of man. We see external nature framed in such manner as to call forth his exertions, and never are these exertions unrewarded. The golden harvest is the result of the patient sowing of the seed; the fertilizing rain and the fructifying sun both combine to aid

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this simple operation of man; the forces of nature, with all their mysterious controlling influences, are so regulated as to foster and nourish his work until it is accomplished in the supply for his bodily wants. Here, then, is a principle which implies that all things, the changing seasons, the rain, the sun, the heat, and the cold, are all designed in some way to enhance the happiness of man. When, then, we find mankind manifesting benevolence, he is acting in harmony with a great principle which pervades the universe, and inasmuch as he acts in unison with this principle, he becomes a part of the great plan, and a most important part, as his happiness is the end to which all is directed. The identity or similarity of the race is manifested by the affections and passions. We find affection for friends, gratitude for favors, hatred of enemies, thirst for revenge, and fear of death, existing everywhere, and how can we account for the universal depravity existing among all nations, except by supposing that it had with the race a common origin?

There is, however, another view of mankind, which is more intimately connected with us as professional men—namely, his similarity in anatomical and physiological development. We find man composed of the bony fabric and the soft parts. As the osseous structure is necessarily, from its composition and situation, less liable to variation, we should expect to find certain points of analogy which will vary but little. We are aware that much learning has been exhibited and much time spent in drawing comparisons between the different forms of skulls; that the facial angle has been diligently compared, and, that upon it, theories of the superior intellect of certain races have been based. We are not ambitious to enter upon the discussion of a subject upon which so much has been said, and from which no certain inferences can be drawn. It appears that the form of the skull is modified by various local causes, such as climate and mode of life. Upon this subject, we would quote the following pertinent remarks of Dr. Carpenter: "The influence of habits of life, continued from generation to generation, upon the form of the head, is remarkably evinced by the transition from one type to another, which may be observed in nations that have undergone a change in their manners and customs, and have made an advance in civilization. Thus, to mention but one instance, the Turks at present

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inhabiting the Ottoman and Persian empires, are undoubtedly descended from the same stock with those nomadic races which are still spread through Central Asia. The former, however, having conquered the countries which they now inhabit, eight centuries since, have gradually settled down to the fixed and regular habits of the Indo-European race, and have made corresponding advances in civilization; whilst the latter have continued their wandering mode of life, and can scarcely be said to have made any decided advance during the same interval. Now, the long-since civilized Turks have undergone a complete transformation into the likeness of Europeans; whilst their nomadic relatives retain the pyramidal configuration of the skull in a great degree." Our object is to show that, in all nations an identity exists as to the number of the bones, and that the frame of man is so constituted as to be adapted to the end for which he was designed. That race, or nation, has yet to be discovered, which presents a less number of bones of the body than the Caucasian race. We find the same ingenious dovetailing at the sutures, the same conformation for resisting violence. The vertebral column in man, although not perfectly straight, is so arranged, that when the body is in the erect posture, a vertical line from its summit, would fall exactly on the centre of its base; it increases in size as we proceed to the lumbar region, so as to present a pyramid in form. The processes adapted for sustaining the abdominal muscles are very strong, evidently with the intention of supporting the abdominal viscera, which, lying comparatively loose within the abdominal walls, have a constant tendency to draw the belly forwards and downwards. How beautifully, then, is the vertebral column poised upon the sacrum, the base of the pyramid; and then, again, the pelvis upon the inferior extremities; and how admirably is the foot adapted to support the superimposed weight; and how curiously are the vertebræ and joints padded so as to remove shocks from the brain, to which it would be continually exposed by our almost perpetual motion! The muscles clothe the skeleton in such manner as to give it the most beautiful form, and yet they are always so arranged as to enable man to maintain the erect posture without fatigue. But it is unnecessary to waste time upon that which is so evident to all. Let us now consider how the conformation of man is adapted to the end for which he

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was designed. What could man accomplish towards the subjugation of the inferior animals, were he unable to follow in the chase, to wield weapons of defence, or escape from danger? How could the teeming earth be tilled, the crops gathered, habitations formed, and all the appurtenances which exalt civilized life be made, unless it were for the peculiar mechanism of man? Without the hand of man (most marvellous member), the loom of the weaver would still flourish in the forest, the iron of the steam engine would remain buried in the womb of earth, the garments we wear would still clothe the sheep of the valley, and the gorgeous palaces of the nineteenth century would still remain in the lap of nature. We find that man, from his physical conformation, is destined to progress; that it is the law of his physical, no less than of his mental, nature. In order to complete our view of man, we must contemplate him as possessing points of similarity in a physiological light.

We find that the human species, unlike other animals, has a long period of development to pass through before he can attain the perfection of his physical nature. Of slow growth, it would appear that the great length of time allowed for the maturing of the animal, is an evidence of the perfection of the being that is eventually to step forth in all the beauty of perfected manhood. There are certain great physiological facts which appertain to man everywhere; let us, then, follow the physiological development of man. We find the sexual passions in man extending over a lengthened period of his existence, and whilst in animals we find the rutting season, or period of heat, occurring at certain periods, in man universally, and in man only, do we find this passion existing at all times. Women conceive at almost any time, and the period of gestation is the same in all nations. We should just as certainly expect to see the woolly-headed descendant of the Ethiopian emerge into life at the end of 280 days from conception, as the Caucasian offspring of any one in this room. The infant when born is equally helpless in every section, and its first wail of distress appeals with sympathetic force to every mother existing under the broad canopy of heaven.

Everywhere, infantile life is identical, the changes being the same, and occurring at the same periods; the first and second dentitions, with their accompanying dangers; adolescence with its

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frivolous amusements; and manhood with its matured judgment and ripened powers; and it is a singular fact, that all nations treat the subjects of these changes in accordance with their relative claims to attention and respect. We notice great uniformity as to the duration of human life, the threescore and ten years seems to have a wonderful effect in producing evidences of decay in all nations alike. We find the tottering gait, the silvered hair, the gradual failure of intellect; the same mental and bodily ailments, insanity with its dread accompaniments; idiocy with its simple babblings; epidemic diseases attack all nations and cause death in about the same time, proportion, and manner. Again, man, from the peculiar conformation of his digestive organs, is able to appropriate almost any variety of food, thus enabling him to exist in any part of the globe. Now, if the different races of men had different centres of creation, it is natural to suppose that they were created with capacities for inhabiting certain localities; just as certain animals, made with capacities to live in tropical climates, droop and die when they are removed to another region. Now we should expect to find this true of the races of mankind also, but what are the facts? The world is the field of man, and no part of the globe has yet been discovered, where man is unable to exist. He can sustain a greater heat than he is subjected to in any climate, and he can, by protecting his body, endure the greatest cold to which he has ever been exposed. Having then viewed man as possessed of language, we find certain points of similarity existing which can be accounted for in no manner so easily as by supposing that speech was a gift from the Creator, originally bestowed on Adam and Eve, the progenitors of our race. Considering him as an intellectual being, we notice that progress towards the subjugation of all things is an essential characteristic of his nature. As a moral being, he is moving forward in the grand scheme of benevolence, to which all things seem directed. Anatomically man is designed by the ease and facility with which he performs so many, and so varied movements, to convert the barren waste into the fruitful garden, the rough unpolished marble into the almost breathing statue. Physiologically, we find him possessing a multitude of points of similarity. Commingling of races does not produce hybrid offspring; the great epochs of life resemble each other in different races with

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almost undeviating accuracy; and is it not singular that, if man originally had five different centres from which the race emanated, he should present such marked analogy between all the functions upon which depend the propagation and perpetuation of the species, and that only in external manifestations, such as the form of the skull, color of the skin, and elegance of shape, should he differ. Leaving the curious to speculate upon the existence of certain bumps upon the skull, or to calculate the quantity of mind which is indicated by a given facial angle, we will take our stand upon the broad basis of similarity of races, and when it is demonstrated that the great end, to which the whole creation seems directed, can be better accomplished by supposing that man had more than a single centre of origin; then, and not until then, will we allow our position to be untrue.

ART. II.—*A Case of Hydrophobia.* By J. S. REDFIELD, M. D., Jeansville, Pa.

I SEND you the following case of hydrophobia, as I consider it, which came under my charge a short time since. Should you consider it worthy of publication, you will please give it a place in your valuable journal. The subject of the case was a young man, J—— B——, about 20 years of age, somewhat under the ordinary size, with rather an effeminate constitution. Some time in the latter part of September he was bitten by a cat; the cat was a strange one, and as he shot her the same day the accident occurred, there was no way of knowing to a certainty whether she was rabid or not. There were several cats and a cow shot in the neighborhood about this time, supposed to be mad. I cannot ascertain whether or not he was laboring under the impression that she was rabid. I saw him almost daily after the accident, but he never mentioned the bite to me. On Christmas day he was in my office; he then complained of a peculiar numbness and pricking sensation in that arm, but, knowing nothing of the bite, I attributed his symptoms to some pressure that had been made upon the nerves, and advised him to use some simple lotion. The next day I saw him at his occupation as clerk in a

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store; he came to me saying he did not feel well. Upon looking at his tongue, I found it covered with a thick, dry, brown coating. Skin hot; pulse somewhat excited, but small. I prescribed a mercurial cathartic; he sent to my office to get it, but before the messenger returned, he was taken with spasms. They sent immediately for me to visit him. When I got to the house, on going into the room, he was taken with a spasm, which I presume was brought on by my presence. He appeared to be very much agitated, and begged me not to come near him. He said I wished to bleed him, and that he knew the instant he saw blood he would die. I finally convinced him that I did not think he needed bleeding, and that I had no idea of doing it. With this explanation he appeared to be satisfied. On requesting him to let me see his tongue, he put it out with a convulsive effort; it had undergone a marked change since I had seen it in the morning at 11 o'clock (this was 1 o'clock). There was considerable secretion going on; the brown color had changed to quite a light; the pulse also was very slow, feeble, and irregular. I could not distinguish more than sixty beats per minute; there may have been intermediate beats that I could not detect. The skin was somewhat under the natural temperature. The eyes glassy, with the pupils a little contracted. There was considerable mental aberration, which lasted throughout. On interrogating him as to whether he felt any pain, he answered in the negative. Said he should be perfectly well if he could only take a drink, but was unable to swallow. I requested him to try, and reached for the water, but the very sight of it apparently brought on general tremors, with clonic spasms of the pharynx and great constriction of the muscles of the chest. He bit himself once during this spasm upon the arm that had been bitten by the cat. This was the only time I saw him attempt to injure any one. He would request those about him not to touch that arm. It was not until I had made the examination, and gone into another apartment, that I was informed of the bite. I again went into the room and examined the arm while his attention was directed in another way; the marks of the cat's teeth were plainly to be seen; there was no swelling or inflammation. He would tell us that he was mad, but did not at any time speak of the bite.

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I now requested that they should send for another physician to see him with me. We tried various ways to see whether he could swallow water, such as blindfolding him, letting him suck it through a reed, but with no better success, except occasionally, with the greatest exertions, he was enabled to take a very small quantity. He complained very much of his teeth hurting him when anything touched them. I attempted to quiet the nervous excitement by giving two grain doses of sulphate of morphia every hour. I stayed with him until 5 o'clock. The pulse now became much more frequent, rising nearly to 100. He appeared more cheerful, lavishing his love upon all who came into the room. Left with directions to continue the morphia. Returned again at 7 o'clock, found him much in the same condition as I had left him, except the pulse was a little more frequent; skin warm, the spasms occurring at shorter intervals, and continuing longer. One symptom I now noticed which I had not observed before, priapism; which was a very marked symptom from this out.

I now tried the use of antispasmodics with no better result than had followed the use of the narcotic. At 9 o'clock in the evening, I saw him in company with Dr. McGuiggin; he was no better. We now commenced the use of narcotics again; left at 10 o'clock. At 4 in the morning they sent for me. Found him much worse; very much exhausted; paroxysms more frequent and of longer duration; vomiting and throwing out saliva upon all about. Anything bright, as the friends observed by taking a bright washbasin for him to vomit in, had the same effect as the water. The pulse was still frequent, but more feeble. I learned that the vomiting and throwing out of saliva had commenced shortly after we left. From this time he gradually sank; the pulse becoming more and more feeble. The skin cold, and clammy, involuntary evacuations from the bowels.

He died at 8 o'clock A. M. Death approached gently, apparently from complete exhaustion. As the parents of the young man were not with him, they being somewhere in the West, I did not seek a *post-mortem* examination.

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ART. III.—*A Case of Puerperal Convulsions.* By W. S. FINDLAY, M. D., Tazewell, Claiborne Co., Tenn.

THINKING that a brief report of a case of labor that came under my observation a few months since might not prove entirely destitute of interest to your readers, I beg the privilege of having it inserted in your journal.

Convulsions are less frequent in the country than in the city, thereby showing that the manner of living, and the impure atmosphere of cities, are sources of these formidable attendants upon labor.

We might, did we deem it necessary, enter into a discussion of the causes of convulsions, and the influence of climate and habit in their production. Considering it inappropriate in an article of this kind, we decline entering minutely into the investigation of the subject.

CASE. Mrs. N., aged 19, fair complexion, of a nervous temperament, in her first pregnancy, was, on the evening of April 19, 1857, taken with a severe pain in the head. In an hour thereafter, without any symptoms of approaching labor, she was attacked with severe convulsions of an apoplectic character. Dr. Wm. Barton was called. His treatment consisted in bloodletting, and the free use of antispasmodics. As there was considerable irregularity in the action of the uterus, he had also made use of heavy doses of secale cornutum. Failing in his efforts to relieve the patient, or in any manner to mitigate the severity of the convulsions, and her situation becoming more critical, I was sent for in consultation.

On my arrival at noon of the 20th, I found her in a convulsion; face greatly flushed; bloodvessels full and turgid; frothing at the mouth; heavy, stertorous breathing, with a quick, full, and frequent pulse. Though she had been copiously bled during the night and morning, I again opened a vein, and took near twenty ounces of blood. The bleeding reduced the volume and frequency of the pulse. As yet no purgative had been given. Gave

℞.—Ol. ricini ℥ij;
P. jalapæ gr. x. M.

On examination, I found the head of a large child engaged in

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the superior strait; vertex fourth position; os tincæ fully dilated, soft, and pliant; some rigidity of the soft parts; and the rectum impacted with feces. As the uterus had been stimulated by the administration of ergot, the contractions were regular, and the pains frequent and severe, though not effective. On the accession of each pain, the convulsions returned, and, during the interval, the patient lay in a comatose condition. In little more than an hour, the bowels were freely acted upon, still the convulsions continued with almost unabated severity.

Seeing no decided improvement after the lapse of near an hour, I determined to deliver mechanically. Therefore, as soon as the head became engaged in the inferior strait, I attempted to adjust the forceps, though without success. Using one blade as a vectis, however, I soon had the satisfaction of aiding the passage of the head through the strait, when both blades were easily adjusted, and the child speedily delivered. Just as the head escaped from the soft parts, there was a very severe convulsion, which continued till after the delivery of the placenta. After placing the patient comfortably in bed, I gave the following:—

℞.—Pulv. opii gr. ij;
Tr. fœtidæ ʒj;
" valerian ʒij;
Aquæ ʒij. M.

For an hour she appeared easier, though still unconscious, in which condition she had been during the whole time she was in labor. Then there was a very severe convulsion—the severest I ever witnessed. Took ten ounces of blood and repeated the above formula. No return of convulsions. Remained two or three hours and left, giving directions for the administration of the above formula every four or five hours, quiet, and some light gruel.

April 21, 10 o'clock A.M. Found the patient conscious of what was going on; had rested badly during the night; complains of tenderness on pressure over the abdomen; lochia scant; feverish; tongue slightly coated; ordered

℞.—Calomel gr. ij;
Ipecac. gr. iv. M.
One every two hours till an operation is obtained. Lemonade as a drink.

22*d.* Found patient much better; seems cheerful, seeming to

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require nothing more than careful nursing. I visited her no more, leaving Dr. Barton in attendance, who reported from day to day till discharged—cured.

ART. IV.—*Experiments with regard to the Effect of Temperature and Moisture on Vaccine Virus.* By C. T. BONSALL, M. D., Trenton, N. J.[1]

DURING the discussion which took place before this society last year, when the subject of vaccination was ably debated, a suggestion was thrown out by Dr. J. Henry Clark, of Newark, N. J., which led me to make the experiments embodied in these few lines. It was in regard to "the effect of temperature in modifying the specific principle of vaccine matter." A number of scabs were taken from healthy children, a child vaccinated from the scab, and the remainder divided into two portions. It will be well to say here that the vaccination took satisfactorily in every case inoculated by the matter of the scabs previous to the experiments. One portion was powdered and dried over Nordhausen's sulphuric acid and fused chloride of calcium, so as to extract all moisture. The other portion was made into a thick paste with water, and thus treated. Scabs Nos. 1, 2, 3 (wet portions) were subjected to the temperature of zero in a closed test tube, after which, several children were vaccinated with a portion of each scab. Nos. 1 and 2 produced pustules, No. 3 did not. Scabs Nos. 1, 2, 3 (dry portions) were subjected to the same temperature; all produced pustules. Nos. 4, 5, 6 (wet portions), subjected to a temperature of 40° below zero, produced no pustules. Scabs Nos. 4, 5, 6 (dry portions), subjected to same temperature, all produced pustules. Scabs Nos. 7, 8, 9 (wet portions), subjected in a closed test tube to a temperature of 212°, produced no pustules. Scabs Nos. 7, 8, 9 (dry portions), subjected to same temperature, Nos. 7 and 9 produced pustules. Similar experiments, with glycerin as a solvent, were not pursued far enough to warrant any conclusions being drawn therefrom.

[1] Read before the Medical Society of New Jersey, and published by order of the Society.

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Remarks.—The dry portions of the scabs preserved their specific power for some months afterwards; the wet portions became inert soon after the experiments.

Conclusions.—That temperature does not so much injure vaccine virus as the presence of moisture—that a perfectly dry scab can be preserved for a long time—that the practice of inclosing imperfectly dried scabs in wax, or other matter, to exclude the air, is not correct, the moisture present in the scab being sufficient to produce its decomposition—that another experimenter should verify or refute the above experiments.

Art. V.—*Ethnological Discussion.* By "Elihu."

[The following article our readers will understand to be from the pen of Dr. A. Denny, of Alabama. Reference was made to it in the Reporter for October last, and we insert it now at the earnest request of a number of subscribers.—Ed. Med. and Surg. Rep.]

14. My former article[1] is composed of thirteen sentences, and the truthfulness of each one of them is not denied.

15. Admitting that a common basis is indispensably prerequisite to all fair discussion, it is self-evident to the very weakest understanding, that so soon as any one perceives any valid objection to the basis assumed by his predecessors, then a proposition of, and agreement upon, some mutual basis, is first in order before he can pretend to enter the lists with his predecessors.

16. And it is also self-evident to the very weakest comprehension, that my proposed basis and test of undoubted truth, must necessarily be true and "honest in the sight of all men."

17. If any man imagine that my former article, or any part of it, was intended to have any other meaning than such as is within the reach of the very weakest comprehension, I beg to assure him that his imagination has deceived him.

18. Now, to come at once to the practical point (so very dreadful to dishonest men), we respectfully ask each one who may desire a peaceful and orderly discussion of the subject—

[1] See Med. and Surg. Reporter for August, 1857, p. 389.

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19. Firstly: Do you intend to offer, receive, or tolerate, "by ANY means," ANYthing, either in the anticipated basis, or in the subsequent discussion, which is undoubtedly contrary to *any one* undoubted truth?

20. Secondly: Do you object that ALL undoubted truth (or so much as may be pertinent), shall form (at least some part of) said common basis?

21. If each one shall answer both of these inquiries by an unequivocal and unreserved "No," (and I cannot expect any other answer), then we have a basis at once, expressly agreed upon; and one which is altogether satisfactory to myself.

22. If any one have not so great faith as myself in the light, power, and demonstration of undoubted truth, he may propose such additions to this basis as he shall consider most appropriate.

23. But at all events; any man's desire for any additional basis, evidently should not cause him a moment's hesitation in agreeing upon undoubted truth, as at least a part of the inviolable basis of discussion, and test of all so-called, but doubted, truth.

24. Therefore, let every one of the four who have ostensibly taken some interest in the discussion of the subject (and such others as may choose to do so), answer each of these two questions without circumlocution or further delay.

25. It strikes me with great power, that whosoever will thus, or in any unequivocal manner, pledge himself to abide the basis and test of undoubted truth (even though he may now be in the greatest error), gives prima facie evidence of honesty, to all men; and I shall not deny that "an honest man is the noblest work of God."

26. At all events, if he be in error, it certainly is not wilful error; and if he be not in error, he need not fear this basis and test.

27. To lose no more time, this is mailed first to Dr. F., so that it may reach you (Dr. B.), with his answer (and mine), to the above inquiries; and it is desired that the answers of the editor, and Senex, may be also attached before the 20th Sept.

28. Should Dr. F. and Senex answer these two inquiries, which are made very respectfully, I will privately furnish them with my real name and address, should they wish to have it.

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29. I answer each of the two inquiries, unequivocally, unreservedly, and unhesitatingly, by an emphatic *No.* "ELIHU."
Sept. 1857.

DARLINGTON, Md., Sept. 14, 1857.

30. The above communication was brought to me by to-day's mail; and I proceed at once to answer fully, and unreservedly, the propositions therein contained, without preface or comment, in the decided negative.

With respect,
W. S. FORWOOD, M. D.

ART. VI.—*Abstracts prepared expressly for the* REPORTER *from Exchanges received at this office and from other sources.*

(*a.*) SURGICAL.

1. *Remarks on the Use of Compressed Sponge.* (Communicated in a letter from Dr. Wm. C. Roberts to Dr. J. P. Batchelder, and published in the *N. Y. Journal of Medicine.*)—The first case in which I employed the compressed sponge, as prepared and recommended by you, was that of a young seamstress, which you saw with me. The disease was "a chronic mammary tumor," in the left breast, the size of a hen's egg. You were so kind as to apply the sponge for me the first time, and I had no difficulty afterwards. A few applications sufficed to remove the disease entirely. In the case of a strumous unmarried mulatto woman, of about forty years of age, in whom the glandular structure of both breasts was in a state of irregular hypertrophy, and much enlarged, a very great reduction in the size and extent of the engorgement resulted from a similar application, and it has not returned.

In no case have I derived more satisfaction in the use of compressed sponge than in that of Master B. S., of this city, who had several large and deep sinuses in the right thigh, running up towards the hip joint, and probably communicating with the bone. The joint was anchylosed from long preceding morbus coxarius. Each in succession closed, under the daily introduction of sponge tents (sponge dipped in a weak solution of gum arabic, and wound tightly with thread, which can thus be made of any requisite size, to enter the fistula, and which the patient, in this case, amused his captivity by making in great variety, and with great neatness), and he is now in fine health and spirits, and with a whole and sound limb. A period of several months was required for the cure. I have used flat disks of sponge, compressed in the copying-press, as applications to foul and fungous ulcers, and I have found from them great benefit in cutting down fungous granulations, causing an uniform and healthy-looking surface, with a good tendency to subsequent cicatrization. I have healed several unpromising and ill-conditioned

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ulcers by this treatment alone. I have no doubt of the efficacy of compressed sponge in the treatment of mammary abscess, as employed and recommended by Drs. Foster and Johnson, in the September No. of the *New York Journal of Medicine*, edited by Dr. Stephen Smith. I regret that these gentlemen did not apply the treatment to the sinuses formed after suppuration. I can remember two or three in which the fistula rapidly healed when treated in the manner alluded to in the case of Master B. S. I should be very loath to incise a sinus until I had tried the effect of a compressed sponge tent introduced to the bottom. By its equal expansion in every direction, stimulating by its pressure the bottom of the sinus, and laterally destroying the pus secreting false membrane, with which it is lined, and inducing in its walls a new and healthy action, the sinus speedily diminishes in depth, and progresses rapidly toward granulation and cicatrization. I much regret not being allowed to make use of the method in a case of suppurated scrofulous abscess in the neck of a pretty little girl, which I think could have been readily absorbed, but which, under the knife of a rather conspicuous member of the surgical profession, has been attended with some deformity. A prejudice of the parents and friends lest the absorbed fluid should be deposited elsewhere, and some indocility on the part of the young lady herself, defeated my intentions. I was about to apply the sponges in the case of a large collection of pus above the rectus femoris, the result, doubtless, of scrofulous caries of the bone. I hope for its temporary absorption at least, and you shall know the result.

An amiable, but unfortunate girl, once presented herself to me, at a house in my neighborhood which I was visiting for professional purposes, who had been brutally assaulted, the preceding evening, by some ruffians who had forced themselves in. The conjunctiva and eyelids were swollen and extensively ecchymosed. I proposed to her the application of the compressed sponge, warning her, however, that it would be necessary for her to endure a few days of darkness. She consented, and in two or three days I had the pleasure to find the swelling gone, the blackness nearly removed, the patient much pleased and more than ordinarily cognizant. I changed the disks night and morning, and the rapidity of the effect exceeded my most sanguine expectations. I respectfully throw out this hint to such of my brethren as may be called upon to treat this unseemly, annoying, and suggestive infirmity. I once cured a loss of substance of some extent in the scalp, the result of a ragged and irregular wound, caused by a fall, descending quite to the pericranium, by merely putting into it bits of compressed sponge, the size and shape of the opening, and binding them down with a roller. They expanded equally from the absorption of the pus, and with the best effects on the granulatory process: one which would not, I think, have resulted as speedily from the use of lint alone.

I have several times satisfactorily and easily dilated with sponge the meatus auditorius externus, when threatened with contraction, after abscess; have succeeded in removing suppurative inflammation of its walls, and obtained an easy access for injections, and an opportunity for observing the tympanum; once thereby cauterizing an ulcerated spot, and once succeeding in the removal of a small polypus, attended with pain, deafness, and profuse, fetid, purulent discharge. The great dila-

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tation of the meatus, which resulted from the introduction of the compressed sponge, afterwards wetted, enabled me to excise it at its pedicle, to the great joy of the patient, and afterwards to effect a complete cessation of the discharge. There are affections of the urethra and lachrymal sac in which, were it applicable, the sponge might be useful. You have, I know, devised an instrument for inserting it into strictures of the urethra, with which I hope you will some day be successful. In the nose, in polypi, benign or malignant thickening and ulceration of the Schneiderian membrane, ozæna, and especially in epistaxis, its use could not fail to be beneficial. The width and dilatability of the rectum is an objection to its use, though in ulcerations, excrescences, and contractions, its judicious employment might be rendered available. The same remarks apply, though happily with less force, to the vagina. As a tampon, in threatened or actually existing hemorrhage, in cases of warty vegetations, and ulcerations of intractable character, I have successfully employed it.

Many years ago, I was consulted by a lady, now of wealth and eminence in the far West, for a contraction of the vagina, with fungous disease of the neck of the uterus. The patient was much depressed in mind and health; the connubial act had never been perfected; the vagina admitted with difficulty the forefinger for a couple of inches; its walls were hard and gristly. For a period of two months, almost daily, I distended it gradually, by means of a screw, bilaminated, flattened, rectum speculum (of the old fashion). It cracked, tore, and bled, and the patient, a woman of high intellectual acquirements, amiable temper, and great fortitude (it was before the days of chloroform), and determined, if possible, to be cured, could scarcely endure the anguish. The advantage I gained I secured and augmented by introducing between the expanded blades of the speculum, flattened, conical pieces of wood, increasing them in size, which I left, *à demeure*, as long as they could be borne. Thus I succeeded at length, in introducing a somewhat pointed four-blade speculum uteri, with which I dilated the vagina fully, cauterized the neck, removed its fungosities and ulcerations, diminished its volume by iodine, the prolapsus spontaneously ceased, and in about five months' time, my grateful friend returned to her husband's arms, and has since become the mother of three children, two sons and a daughter: destined, I hope, to be promoters of western commerce, social, intellectual, and moral advancement, and population. Had I but known then, as I do now, the utility of compressed sponge tents in the dilating of contracted cavities, how much time and trouble to myself, and suffering to poor Mrs. N., might have been avoided!

I was consulted, not long ago, by Dr. C. Dunbar, of this city, in the case of a young, unmarried lady, who had a fistula, very small, and not easily detected, about an inch within the vulva, and opening into the rectum, though apparently the thickness of the sphincter ani. It was approachable only when the patient was under the fullest influence of chloroform, and for many days we dilated it gradually with compressed sponge tents of augmenting size. When the layer of parts between the orifices was thus reduced by expansion to a mere film, we incised it, and dressed from the bottom. It healed rapidly. This will appear to my surgical brethren who love the flourish of the knife, and are not

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deterred by depth or importance of parts, thickness of substance or discharge of blood, an unnecessarily slow and timid process. Possibly it was so, but it suited my temperament, who think that "discretion is the better part of valor;" who prefer the "*suaviter in modo*" to the *fortiter in re;* the easier, if slower operation of nature, to the violence of art, and consider that no safe and successful plan is the less deserving of esteem because it is slow and gentle.

During my association, in the Department of the Diseases of Women and Children, at the Northern Dispensary, in 1844, with my friend Dr. Crane, now of Brooklyn, we many times employed the gum elastic bougie in dilating the internal os uteri, for the cure of dysmenorrhœa, after the manner of Mackintosh, and often with good effect. Every one knows that the introduction of a bougie is no easy matter in every case; in some, it is impossible, and even when most easy, it is slow work to dilate the os uteri internum by a succession of bougies, compared with the use of tents of compressed sponge, which are generally easily passed, and dilating rapidly will do in a few days what the others would require weeks to effect. Dilatation of the mouths and cavity of the womb, also furnishes facilities for cauterizing the lining membrane in cases of long standing leucorrhœa, which often relieves otherwise incurable cases. A piece of fine sponge, between two and three inches long, and as thick as the forefinger, dipped in a thin solution of gum arabic, dried and compressed, by being wound with fine twine, may be fashioned into a conical form, not much exceeding the size of an ordinary bougie, and passed usually in the grasp of a long bullet forceps with ease into the os, and up into the cavity of the womb. In preparing the sponge tent, which, of course, must be made of varying sizes, your advice that a string be passed through its centre before the compression is made, and not merely tied round its base, must be strictly observed; for, if the latter become detached by the softening of the sponge in the fluids of the uterus, and the sponge break off within the os uteri, it may not be easy to extract it.[1] Also, I advise that on no account a sponge be passed into the os without a string attached, as it happened to me on two or three occasions, to have the tent caught up into the uterus by a species of spasmodic suction out of the grasp of the forceps, and retained there beyond the possibility of immediate reach. It is true, that in a few days, it is thrown off spontaneously, but, in the mean time, it causes pain, a febrile movement, an offensive discharge, and some little anxiety to both patient and physician, which, by suitable precaution, can always be avoided. The great extent to which the os and cavity of the uterus can thus be easily dilated in the course of two or three applications of the sponge, will much gratify those who have

[1] Dr. Batchelder's method of preparing tents for this purpose, is as follows: Pass a long needle armed with a strong thread into the base, and through the whole length of the tent, and out at its point; then reverse it; entering it at the point of the tent, and passing it again through the whole length of the tent, and out at its base. This leaves two threads running the whole length of the tent, doubling at its apex, and passing out at its base, where the two threads, pendent from the tent, may be twisted together, and form a strong cord, by which the instrument may be withdrawn. He seldom allows the tent to remain longer than eighteen or twenty hours.

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not yet employed it in this way; and, by following its removal with a little button of fused lunar caustic on the end of a silver probe, the whole cavity can generally be cauterized with rapidity and ease, or if a suitable syringe, a silver one, long and thin pointed, were at hand, as easily injected. I have seen as yet no syringe accurately adapted to this purpose. The stem of the long glass one in use, even when slenderest, is much too large for the purpose of general introduction into the uterine cavity.

I have not the slightest doubt that the safest, simplest, surest, speediest way of inducing premature labor, will be found to consist in the introduction of compressed sponge tents into the os uteri. I do not see how, if repeated sufficiently often, dilatation of the os, followed by active contractions of the uterus, and the expulsion of its contents, can fail to be induced by them. The following passage from Churchill's *Mid.*, third Am. ed., Phila., 1848, p. 290, indorses these sentiments: "M. Bruninghausen and Klugè have proposed and practised with great success the dilatation of the os uteri, by means of a piece of sponge placed within it and maintained there by a plug in the vagina." Speaking of it, Velpeau says, in comparison with "rupturing" and "separating" the membranes, "it is much more certain. The irritation which results is permanent, progressive, and regular, and *sustained* by the plug which is maintained in the vagina. Under the influence of such an excitement, uterine action is soon brought on, and it rarely fails to acquire sufficient energy." Hayn, of Conigsberg, further says Churchill, adopted this plan with success.

I do not see further, why, in early stages of labor with rigid, undilated, and undilatable os uteri and inefficient pains, a sponge tent of suitable size might not be introduced within the os uteri, the membranes being either ruptured *or not*, and maintained there for a time by the tampon in the vagina, until such an amount of dilatation occurred as to cause its ejection, and no longer to necessitate its presence. In this way it has occurred to me, in certain cases, the protraction often met with in the earlier periods of the first stage of labor might be overcome as safely as by belladonna, or manual dilatation, and with less trouble than by the system of long continued irrigation, recently proposed as a means of effecting this object, by Dr. Geo. T. Elliot, Jr., of this city (vide *N. Y. Journ. of Med.*, 1857). That this plan does not always succeed, is evident from cases on page 197 of his able article on puerperal convulsions, in the September number of that Journal (Lee, Draper). Sponges are oftener at hand and easier obtained than syringes, and it appears to me more easy and speedier to introduce a sponge into the os, than to inject at intervals several gallons of water.

Permit me to say in this connection, that I am happy to observe that this rising obstetrician has recognized and boldly sanctioned a "more frequent resort" than is customary, "to the harmless measure of manual dilatation in parturient women," on which I have elsewhere, *in extenso*, published my own sentiments (see *Med. Gaz.*, Oct., 1857). He mentions three illustrative cases, and observes justly, I think, that "the non-recognition of this principle has probably cost many lives" May we not hope that ere long the introduction of the sponge tent into the os uteri in early labor, as a means of dilating it, overcoming its rigidity

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and lessening the protraction of the first stage, may become a recognizedly admissible rule of practice?

I have thus, my dear sir, agreeably to your request long since preferred, given you hastily, yet in a longer letter than I could have wished to write, my experience in the employment of compressed sponges, a knowledge of the use of which I derived first and wholly from you. For this, and every other valuable result of your long and close observation and extensive practice, which you have so often, so kindly, and many times so serviceably placed at my disposal, accept my grateful acknowledgments. None who use the compressed sponge can fail to be pleased with the safety, ease, and certainty of its action; nor otherwise than indebted to you for teaching them, or at least, most strongly directing them to its uses.

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2. *Statistics of Hernia.*—We find in the *Western Lancet* the following, taken from *Guy's Hospital Reports.* From an analysis of 126 fatal cases of hernia, in Guy's Hospital, the following, among other conclusions, have been arrived at.

That femoral hernia requires operation 25 per cent. more frequently than inguinal, success in its reduction by taxis being less frequent.

That half the fatal cases of hernia die within 48 hours after the operation.

That three-fourths of the cases which refuse to rally after the operation are femoral.

That in about 69 per cent. of fatal cases, inflammation exists, sufficient to produce death.

That femoral hernia is more frequently gangrenous than inguinal.

That ruptured bowel from the taxis, is most frequent in femoral hernia.

That fecal extravasation does not occur so often as 50 per cent. in cases of rupture or perforation of the bowel.

That in femoral hernia early operation is most imperative, and after operation much more frequently followed by sinking.

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3. *Stricture.*—The *Virginia Medical Journal* quotes as follows from Solly: "Never be ashamed to leave the bedside of a patient without succeeding in passing a bougie. The late Mr. Copeland, who was as sound and practical a surgeon as any in his day, said to a patient who afterwards came under my care with very irritable stricture and false passage, 'Mind you never place yourself under the care of a surgeon who is afraid to acknowledge that he cannot always succeed in passing a catheter.' I am told that a hospital surgeon, now deceased, passed a sleepless night from vexation, if he failed to introduce an instrument into the bladder in the presence of his pupils. Such a man must have made many a false passage. Of such a proceeding you should have an

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intense horror. Every good surgeon will fail occasionally in the introduction of a bougie; but no good surgeon ought to make a false passage; though a skilful surgeon will sometimes do it, when his temper or his pride rules his hands instead of his reason or his conscience."

(*b.*) PATHOLOGICAL AND THERAPEUTICAL.

1. *The Therapeutic Use of Oxygen.*—Dr. S. B. Birch has a paper in the *London Lancet* on oxygen as a therapeutic agent. After speaking of the difficulties in the way of its introduction into common practice, partly from an indisposition on the part of the profession to receive it, and partly from the time and trouble necessary for its proper use, he asserts as the result of considerable experience, and close clinical observation, that an increased supply of oxygen to the system may become, under different circumstances, exciting, depressing, sedative, or tonic. The remedy must be applicable to the case, and its effects carefully watched.

Two cases are adduced, tending to show the value of the remedy. S. B., Esq., aged 33, unmarried, of temperate habits, nervo-sanguineous temperament, with some hereditary strumous tendency, had been the subject of secondary syphilis for seven years, and had undergone a variety of fruitless treatment at the hands of many practitioners, regular and irregular. Mercurials, iodides, tonics, &c. &c., were used unavailingly—the "cold-water *cure*" belied its pretensions. In despair, he had made up his mind to undertake a long sea-voyage, when circumstances led him to try the effects of oxygen. When he consulted Dr. Birch, he was apparently in a very critical condition—weak, anæmic, his powerful and muscular frame completely relaxed and attenuated, the skin blanched, and so transparent as to show deeply beneath the surface, general dirty-looking congestion, with occasional spots of complete purpura. There was caries of one superior maxillary bone, cerebral irritation, the eyes being suffused, intolerant of light, and almost useless, with chronic iritis, and some effusion of lymph of low organization. Pulse from 100 to 112, very small, almost imperceptible; tongue white, and relaxed, and though the weather was tolerably warm (it being the month of June), his vital powers were so low as to render it almost impossible to generate sufficient animal heat to keep him alive, the extremities being cold and clammy. He also had a suspicious, short, hacking cough (which had existed some months), with profuse nocturnal perspirations, but there were no well-marked physical signs of tubercular deposit. On the calf of one leg was a very large ulcer, and on the other a little ulcerated point, communicating with a small, but deep cavity. The larger ulcer had commenced in a little spot about a

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fortnight previously, and had, for some days been spreading very rapidly, causing much severe pain and constitutional irritation. It presented the peculiar appearance of a mercurio-syphilitic ulcer, exactly circular, about two inches in depth, considerably excavated; the whole circumference, for the distance of an inch and a half or two inches from the edges, was hard, red, and extremely sensitive; there was a discharge of dirty-looking sloughy matter, and acrid sanious fluid.

Altogether, this seemed a very favorable case to test the virtues of oxygen. The patient was ordered to maintain the horizontal position, to use poultices, fomentations, &c. A large dose of the gas was administered, which had the effect of making him feel more comfortable. The following morning, the ulcer still alarmingly progressing, the largest quantity of the gas was administered that could be borne, and also a moderate inhalation in the evening. The ulcer ceased spreading from that time, and during the succeeding fortnight, the dead portions separated, the whole surface was cleansed, leaving the muscle exposed for some distance at the bottom of the cavity, which soon filled up with healthy granulations. The appetite returned, and the capillary and nervous systems rapidly regained tone. Small doses of iodide of potassium, nutritious, but moderate diet with porter, were ordered; cod-liver oil was rubbed into the chest twice a day, and the whole body was daily sponged with tepid water. In five weeks he was able to walk about, and in seven weeks the large ulcer was entirely healed, and he could walk several miles without difficulty. Too much exercise, with irritation from his clothing, reopened the ulcer on his other leg (which had healed over *without sloughing*), and he returned with a bad cough, which had never left him, and profuse perspirations at night, and although the weather was warm he was extremely sensitive to cold. He was put upon the free use of oxygen, with constitutional remedies. All his symptoms were gradually removed, and he was soon able to renew his pedestrian exercise, and even to join in his favorite occupation—the chase. He continued in good health.

Another case is given, in which the patient was much reduced by boils and carbuncles, having at the time twenty or thirty of them. He was put upon the daily inhalation of oxygen, and in from ten days to a fortnight all the eruptions had disappeared.

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2. *Use of Arsenical Preparations.*—At a late meeting of the Suffolk (Mass.) District Medical Society (*Boston Med. & Surg. Journal*), Dr. J. M. Warren asked Dr. Durkee what danger there was in the long-continued use of arsenic. The question called forth remarks from

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several of the members on the use of the drug. These remarks are of sufficient interest to transfer to our pages.

Dr. Durkee said he had had considerable experience in the use of this drug; for the last ten years he had used the Asiatic pill more than any other of its various preparations, each pill containing one-fourteenth of a grain of arsenic. His custom is to give one pill with the food, once a day, after breakfast, for twenty days, then omit for four or five days, and resume as before. This plan has been pursued for a whole year at a time without bad effects. He mentioned an instance of a gentleman who, suffering from an obstinate disease of the skin, had taken the Asiatic pill as above directed for six months. At this time he complained of a peculiar prickling sensation in the muscles of his forearms, which, increasing during ten or twelve days, by Dr. Durkee's advice he omitted the arsenic for ten days with complete relief, and then resumed and continued its use for fourteen months. This was the only case he had met with in which there had been any bad effects arising from the use of this preparation. Dr. D. had known of patients taking thirty drops of Fowler's solution (liq. pot. arsen.) a day for six weeks without harm. Infants, of from six to ten months old, can take this preparation in a dose of a half to one drop once a day, with good effect. Latterly Dr. Durkee had used the arseniate of iron, and was much pleased with the results obtained by its use; he had first seen it described in the *London Lancet*, a year and a half since, as recommended by the French; it can be used for any length of time without doing harm. The following is Dr. D.'s formula: ℞.—Ferri arsenic. gr. iij; ext. gent. ʒij; glycyrrh. ʒj. M.—Ft. pil. no. 60. Dose, one pill three times a day. Great stress is laid in the books on the caution to be used in the employment of arsenic, but, administered on the plan described above, Dr. Durkee had found no trouble with it. In this connection, he remarked he liked very much Hunt's admirable treatise. Arsenic is the great remedy in diseases of the skin, if patients are in proper condition to take it. In plethoric subjects, its use might be too stimulating to the stomach and capillaries.

Dr. J. M. Warren said he had been giving Fowler's solution to a young lady of fine personal appearance, with a disease of the skin of seven years' duration, and very intractable. He commenced with giving three drops a day, and gradually increased the dose. At the end of three weeks her eyelids were swollen, and the arsenic was omitted for a few days. The affection of the lids passed off, the remedy was resumed, and she now has taken it for four months with manifest improvement.

Dr. W. had seen a report in the journals that arsenic is eaten habitually by young girls in some parts of Germany to make them more plump, and to clear the complexion, and that on leaving it off the health is lost. It is also used by jockeys to make their horses seem more plump and sleek. Dr. Simpson, of Edinburgh, prescribes arsenic very freely. Dr. W. saw a patient who had taken two drops at a dose daily for two years. He considers it a very valuable remedy.

Dr. Morland asked Dr. Durkee if he had found nausea and diarrhœa ever follow the use of the Asiatic pill in his practice. He had had a case of the kind himself.

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Dr. Durkee had never seen anything of the kind; he asked how often the pill was given.

Dr. Morland said that two pills a day were given.

Dr. Durkee had seen, in consultation with Dr. Jackson, a patient over 70 years of age, who had taken three pills a day for several weeks; some itching of the eyelids supervening, they were omitted, and resumed after a few days. Dr. D. thought one pill a day enough when arsenic is to be taken for a long time. It is a remedy that must be continued for some time; its action is slow, but certain.

Dr. J. M. Warren thought the proper time for its administration was after eating, and not before, as then it was less apt to cause disturbance in the digestive organs.

Dr. Durkee agreed to this. He said that after eating it would be sooner absorbed into the system.

Dr. Buckingham had seen the article referred to by Dr. Warren, concerning the use of arsenic by young women in Germany. It was stated that it was necessary to follow it up when once begun, as fatal results are apt to follow its disuse. He thought the article was a hoax. He asked if any gentleman knew whether it was true or not.

Dr. Ellis said it had been contradicted.

Dr. J. M. Warren said that his motive in mentioning it was to ascertain if there was any foundation for the report.

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3. *Milk-sickness.*—Dr. J. W. Crook, of Rockport, Ind., in a letter to one of the editors of the *N. W. Med. & Surg. Journal*, gives it as his opinion that the disease known as *milk-sickness*, which has for several years puzzled medical men, owes its origin in the inferior animals to their eating some poisonous vegetable, and not to any malarious influence, or to any mineral exhalation from the earth, or any floating noxious quality in the atmosphere, and he coincides in opinion with the lamented Dr. Drake that the disease is caused by cattle eating a species of the poison oak (*Rhus Toxicodendron*). Dr. C. has inspected, time and again, localities, wood pastures, where sheep, cows, and horses had contracted the trembles, and in *no* instance was this vegetable found wanting. On one occasion, an intelligent farmer saw a sheep eating freely of this vegetable from a luxuriant growth that had sprung up alongside of a decaying log, which sheep died the next day of trembles.

Stock are not passionately fond of this weed, though they will eat it in times of general scarcity in proportion to the requirements of their appetites.

The poison oak is peculiar to high broken grounds, and scarcely, if ever, found in alluvial bottoms, at least, not in this county. The disease is never contracted in the bottoms in no instance of the kind. The people use beef, milk, and butter, without the least fear, and enjoy perfect immunity.

It is certain that the slightest culture of the soil destroys the cause, and has never been known to reappear; and it is equally certain and

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well known that the Rhus Tox. answers to these peculiarities. It is but slightly attached to the earth, running along on the surface just under the leaves and other trash, throwing down fragile tendrils which attach to the loose soil, and a weight of five pounds will break up the largest bunches.

I have never known a case of the disease, or anything approximating its peculiarities, that was not traceable to the use of meat, milk, or butter. Once, however, I had like to have been *stumped* over this position. A gentleman in town was attacked with *all* the prominent symptoms, but assured me there was no possible chance for milk-sickness; though using butter, it was from the most reliable source. He was treated as we ordinarily treat the disease, and finally got well. It was subsequently ascertained that, although the cows were "kept up," it was in a sort of mixed pasture, in which woodland ground, that had never been in cultivation, predominated, and in that part which had been cultivated, there was but little for the cows to eat. I said my patient got well, yet he never felt fully *normal;* whenever the pupil of his eye covered the butter dealer, he exhibited slight evidences of the *trembles*, notwithstanding his proverbial good nature.

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4. *Sulphur externally in the Treatment of Rheumatism.*—The *Medical Times and Gazette* (*Western Lancet*) speaks of Dr. Fuller's experience in the external application of sulphur in rheumatism. If the sciatic nerve is the part implicated, Dr. Fuller orders the whole of the affected limb to be encased in flannel thickly sprinkled with precipitated sulphur. This flannel is kept in its place by means of a bandage, and the whole limb thus bandaged is covered with oiled silk or gutta percha, thus confining the vapor and odor of the sulphur, while the absorbent qualities of the skin are increased. This bandage should be kept applied day and night. The sulphur is rapidly absorbed as is manifested by its odor in the breath, urine, feces and cutaneous exhalation. If the pain is seated in parts to which bandages cannot be conveniently applied, Dr. Fuller orders the compound sulphur ointment to be rubbed in for twenty minutes, night and morning.

In the case of a man thirty-three years of age, who had been suffering for nearly nine months with sciatica on the left side, and in which the ordinary remedies failed to afford relief, while the general health of the patient was beginning to fail, Dr. Fuller ordered full doses of the sesquioxide of iron, and had the sulphur applied as directed above. In little more than a week the pain was much relieved, and had ceased altogether in less than a month.

If there is acute pain, feverishness, or a dry, inactive skin, the sulphur remains unabsorbed for many days, or even weeks. It is, therefore, inapplicable to such cases. But when there are no symptoms of active disease, when the pain is of a dull aching character, and felt chiefly, if

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not solely, when the limb is in motion; and when, more especially, the skin acts freely and the sulphur is rapidly absorbed, so as to require renewing every third or fourth day, then, according to Dr. Fuller's observations, nothing proves so serviceable as the sulphur.

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5. *Treatment of Erysipelas by the Topical Application of Tobacco.*—We find in the *Western Lancet* some remarks by Dr. John G. Stephenson of Terre Haute, Ind., on the topical use of tobacco in erysipelas. He has found it so uniformly beneficial that its use has become with him a matter of routine. The treatment is simply the covering of the inflamed surface with wet tobacco leaves (such as are to be had at any cigar shop), which are permitted to remain until much nausea is produced. The powerfully sedative action of tobacco on the arterial system, its relaxing and diuretic properties, would seem to point to it as one of the best agents with which we are to combat inflammation. But while the excessive nausea produced by its internal use is a bar to its free employment in that way, Dr. Stephenson's experience with it seems, to him, to establish its power and safety, when cautiously applied to a cutaneous surface to remedy a local inflammation. We quote a single case as illustrative of Dr. Stephenson's mode of using the remedy.

Case. Mrs. W., aged 51 years, of bilious temperament, and in good health, was attacked after slight chill and fever, with swelling, redness and pain, on the forehead. Saw her for the first time on the morning of the fourth day of the disease—when the inflammation had extended over the entire scalp and face, except the lower lip and chin, and was still spreading, with well-defined edges. The swelling was so considerable, as completely to close both eyes, and there were some blebs on the right cheek; pulse 95, full and hard; tongue covered with a light brown coat; bowels costive. On the second day the inflamed surface (then small) had been several times painted with tinct. iodine. Ordered—

℞—Hyd. chlo. mit.,
Jalapæ, āā, gr. x.—M.

Also the removal of the hair (except a strip across the front part of the head), and the application of wet tobacco leaves over the whole head, to remain "until she is very sick," after which it is to be frequently washed with soap and water.

Evening.—Patient has been frequently purged; the tobacco remained on the head about an hour, producing much nausea and prostration; pulse 85, less full and hard than in the morning; tobacco reapplied as before.

Fifth day—morning. Swelling and pain considerably abated, tobacco reapplied, to remain thirty minutes, and then be exchanged for fomentations of warm soap and water.

Sixth day. Pain has given place to itching, and the swelling is rapidly diminishing. Patient discharged.

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Saw Mrs. W. four days after, when desquamation was nearly complete.

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6. *Epidermic Administration of the Sulphate of Quinia.*—Dr. Daniel F. Wright, of Cincinnati, mentions in the *Western Lancet* a case of the successful employment of quinia in the following manner: The patient was a little girl, about four years old. A mild attack of scarlatina was followed by an obstinate fever of remittent type. An attempt was made to treat this with quinia, which failed, from the resistance of the child, irritating and increasing the disease. Feeling persuaded that nothing but quinia would relieve the symptoms, Dr. W. determined to try to give it by the epidermic method. The state of the skin from the effect of the scarlatina was particularly favorable for absorption, without the removal of the cuticle. A sort of half jacket was made of coarse domestic, covering the thorax and part of the abdomen, about two-thirds round the body. This was to be kept saturated with a solution of quinia, according to the following formula:—

℞.—Sulph. quiniæ ʒj;
Acid. sulph. arom. fʒij;
Aquæ fʒij ʒvj.—M.
Ft. solutio.

The whole was covered with oiled silk, to prevent absorption by the clothing. When Dr. W. saw the patient, some hours after the first application, he found the fever abated, and after a reapplication of the "quinine jacket," there was no further return of fever. This case, in addition to its usefulness as a hint to physicians, under similar circumstances, presents an interesting physiological phenomenon. About half an hour after the jacket was put on, the child complained of a bitter taste in her mouth, and insisted, with indignation, that quinine had been given her during sleep. The taste left after some time, but was renewed on eating, or *even thinking of eating.* The only means of accounting for the child tasting the drug, is that of the blood being sufficiently saturated with it to effect the nerve filaments of the gustatory papillæ in the same manner as if it had been brought in contact with them externally. Dr. W. doubts whether this mode of quininization could be equally successful in older persons, their skin being less delicate, and vascular; and thinks it might even be more difficult in children whose skin was not so well prepared by previous disease as in the case mentioned.

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7. *Case of Narcotic Poisoning in an Infant six days old; Recovery.*—Dr. C. N. Chamberlain, of Northampton, Mass., reports in the *Bos-*

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ton Med. and Surg. Journal, a case in which an officious and ignorant nurse administered two grains of opium, in powder, to an infant six days old. It was given on the principle that, What is sauce for the goose is sauce for the *goslin;* the same dose having relieved the mother of *post-partum* pains, must be just the thing for a colicky child! Dr. C. saw the child two hours after the opium was administered. The respiratory function was suspended, the face and lips livid, the pupils contracted to a point, and the infant in a state of complete asphyxia. The radial artery pulsated slowly and irregularly. Artificial respiration was immediately resorted to and continued for ten minutes, resulting in greater distinctness and regularity of the arterial beat, and a partial bleaching of the leaden features. Encouraged by these slight results, the same means were continued, to which were joined the application of energetic rubefacients to the spine and extremities, and of dry heat to the rest of the cutaneous surface, and the application of volatile ammonia over different portions of the body, together with repeated enemata of brandy and turpentine. In half an hour, the artificial respiration was suspended for the purpose of rest, when a sudden, spasmodic inflation of the lungs occurred, succeeded by an apparently perfect quiescence of the respiratory muscles, attended by an increasing lividity of the face and lips, and a more laboring and irregular pulse. In from three to four minutes the same phenomenon was repeated, when the lungs were again set in motion by external aid, which was continued with occasional interruptions for more than three hours, before continuous unaided respiration was sustained. The artificial aid to respiration was now withdrawn, the external agents continued, broth was added to the injections, and to one of them castor oil, which was followed by a copious alvine dejection. It was not until ten hours had elapsed after the narcotic had been taken, that anything could be introduced into the child *per vias naturales*. In twenty-four hours scarce a trace of the effects of the poison was observable.

There is no doubt but many a life might be saved under similar circumstances, were the same persevering use of remedies resorted to.

(*c.*) MISCELLANEOUS.

1. *Dr. Bowling on "Isms."*—Dr. Bowling, editor of the *Nashville Journal*, discourseth thus on this subject. The true physician ignores, scorns, and loathes from his lofty eminence the miserable and noisy pretenders who are jabbering about schools, and systems, and roots, and calomel, and minerals, and vegetables, and eclecticism, and homœopathy, and Thomsonism, and thermalism, hydropathy and allopathy, aero-

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pathy, and unapathy, *et id omne genus.* We say the true physician ignores these terms. They never escape his lips.

Being sent for in the case of a northern illuminata in the person of a lady suddenly seized with illness at one of our hotels, immediately upon entering her room she inquired whether we were an allopathist or a homœopathist? We replied, that we did not belong to the army or navy, and did not understand the terms employed by politicians in referring to these branches of the public service. She stared at us so wildly as to betray her suspicion of our sanity. We recalled her to herself by asking if Dr. B. had been sent for to prescribe for her? "Well," said she, "I must know what sort of a physician you are first." "Ah! but, pardon me, madam, you must be aware that you can only learn that at the last, after you have made the experiment."

"But you can tell me first to what party you belong."

"Well, my dear madam, I do not belong to any party, the parties, as you term them, belong to *me.*"

"You are a *regular*, then."

"No, madam, never having enlisted nor taken any bounty, I have always regarded myself a volunteer."

"Please tell me what you are."

"I am a physician, at your service, madam."

"Of what school?"

"Of the medical school, madam."

"What do you give your patients?"

"Advice, madam."

"What sort of medicine?"

"When reduced to that I refer them to the apothecary."

"Do you carry in your pocket a little case of phials filled with little pills, or globulistic medicaments?"

"Pardon me, madam, I am not an apothecary of the peripatetic philosophy, but only a physician. Presuming you are no lawyer, and assured that I am no witness on the stand, but only a physician, I wish you, my dear madam, a very pleasant morning."

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2. *Medical Education in Egypt.*—In the Boston correspondence of the *Cincinnati Med. Observer*, we find some extracts, taken from a letter written to the *Boston Traveller* from Syria, concerning medical matters in Egypt. It appears that Said Pasha, the present viceroy, has reorganized the old school at Cairo on a liberal scale, and endowed it in all its departments. "The instruction is to be divided into two branches: the Medical and the Pharmaceutical; to which will be added such other instruction as may be required. The Professors may be na-

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tives or foreigners, who will be assisted by Adjunct Professors. The full course will embrace five years, which, however, will not be equal to three in American Medical Schools, considering the small preparatory education of the Egyptian students. The following sciences are embraced in the course of instruction: Natural philosophy, Chemistry, Botany, and Mineralogy, especially in their relations to the Medical Art; Descriptive Anatomy, Physiology, Hygiene, Pathology, Medical and Chirurgical Clinics, and Pathological Anatomy." A certain sum of money is to be paid to each student, and his instruction, food, and clothing, to be gratuitously furnished him.

3. *Preparation of Skeletons.*—Dr. B. H. Washington, of Hannibal, Mo., in the *Nashville Journ. of Medicine*, recommends a simple, neat, and labor-saving plan for preparing anatomical specimens for the museum. After cutting off as much of the flesh as can be conveniently done, put the skeleton in "the rough" into a box, perforated with holes, and place it where the ants can get at it. In a week or ten days, these little dissectors will have stripped every part perfectly clean, leaving a far more beautiful specimen than any man could prepare. They will take off every particle of flesh without touching the ligaments, and leave every bone clean, if no larger than a pin. Dr. W. says: "Some years since I made some preparations of small fish, and so elegantly were they cleaned, that no lover of anatomy could well look on them, without a quickening of the pulse." The skeleton should be secured in a proper position by a few pins, and the transfer from the box to the museum can be made without further trouble, except varnishing. Care must be taken not to leave too much flesh, lest decomposition take place and injure the ligaments. Much labor and time will then be saved, and the specimens present an appearance infinitely superior to those prepared by the old method.

4. *An Industrious Governor.*—We take the following complimentary notice, of the Governor of New Jersey, from a southern paper. We would merely add that the day on which Gov. Newell was inaugurated last winter, the roads were so blocked up by snow that it was impossible to travel by any kind of conveyance, except that provided by nature. The governor elect, however, was equal to the emergency, and appeared at Trenton ready to take the oath of office, at the appointed time, much to the surprise of many who were wondering what constitutional provision there was in a case where a governor elect failed to appear on inauguration day. He had *walked* all the way from his home in Allentown to Trenton, through immense snow-drifts, and in the face of a driving storm!

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The editor of the Suffolk (Va.) *Sun*, who, while on a recent tour through the North, chanced to make the acquaintance of our governor, through the introduction of a friend, thus writes in the last issue of his paper.

Gov. Newell, of New Jersey, is a remarkable man. He is a physician by profession, and before he was elected governor, was engaged in a lucrative practice. This practice he has not abandoned, but manages, by his great industry and perseverance, to attend to the affairs of the State and continue his practice as a physician.

His residence is at Allentown, ten miles from Trenton. He is in Trenton nearly every day, rising early in the morning and attending to his patients and getting in Trenton in time to attend to all his official business as governor. During the sitting of the Legislature last winter, he would rise early, drive round and visit his patients, get to Trenton by 10 or 11 o'clock A. M., and remain in the city until 10 or 11 o'clock at night, and then go home and be ready to attend to his patients the next morning.

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5. *An English Advertising Doctor.*—We cut the following *genuine production* from the English correspondence of one of our newspaper exchanges. It is worthy of preservation.

Roger Giles, sur John Parish Clark and Skulemaster reforms ladys and gentlemen that he drass teeth withoue waiting a moment, blisters on the lowest tarms, and viziks for a penny a peace. He Zells Godfathers Cordel, kuts korns, and undertakes to keep everybodys Nayles by the year, or so on. Young ladees And gentlemen larned there grammer language in the purtiest manner, also gurt kare taken off their morals and Spellin, also zarm zinging teeching the base vial and all sorts of phancy Work. Queer drills, pokers, Weazils, and all other Contrary dances tort at hoam and abroad at perfekshun. Perfumery and snuf in all its branches. As times be cruel bad, He begs to tell that he is just begun to sell all sorts of tashuary wares, Kox, Hens, foles, chux, Poltry, Blaking hauls, herrings and coles, skrubbin brushes, trakel, Godly bokes and Bibles, Gimlets, mice-traps brick-dust and Whisker seed, and all sorts of sweet meets, including taters, sassages, and other garden stuff, also phrute, hats, zongs, hoyle, lattin bukets, and other eatables. Korn and bunyad zarve, and all hardwares. He also performes fleabottomy on the shortest notice; and farthermore in patickeler he has laid in a large assortment of type, dog's meet, lollipops and other pickels—such as Hapsom Zalts, hoyters, windzer Zoap, &c., old rags bort and sold hear and nowhereshelse, new laid eggs every day by me Roger Giles.

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6. *Faithful Servants.*—Dr. Edward Dorsey, of Hagerstown, Md., lately lost a horse in the 45th year of his age, which he had used in his practice for thirty-seven years! The doctor's "poor patients" ought to take up a penny contribution and build a monument to the memory of the faithful animal.

Dr. Joseph Parrish, formerly editor of this journal, has in his possession a portrait of "Lion," a horse which belonged to his father, the

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late Dr. Joseph Parrish, of Philadelphia, who, at his death, left ample provision for the animal's maintenance. He did not long survive his master, whom he had faithfully served for nearly thirty years, and died at the age of thirty-four.

7. *Longevity among English Quakers.*—For some time past the pages of the *London Lancet* have been enlivened by a controversy on tobacco, its uses, abuses, &c. Among the items which have been developed in the course of this discussion, a correspondent, "D," furnishes the following:—

Mr. Niel having asserted "that Quakers, who never smoke, reach a good old age," I was determined to make inquiries on the subject, and find that here and there a smoking Quaker is to be met with, but that the habit is not common with members of the Society of Friends. Of course, there are exceptions to every rule. The following statistics cannot fail to prove interesting to general readers. Smoking not only leads to drinking, "but it diminishes the *saccharine* constituents of the blood."

"In the year 1855–56 there died 287 members of the Society of Friends in Great Britain, of whom there died from birth to five years old, 37; from 5 to 10, 8; 10 to 15, 5; 15 to 20, 12; 20 to 30, 18; 30 to 40, 17; 40 to 50, 19; 50 to 60, 23; 60 to 70, 46; 70 to 80, 50; 80 to 90, 43; 90 to 100, 9."

From this it will be seen that the *greatest* mortality amongst Quakers is between the ages of 70 and 80; the next greatest between 60 and 70, and the third greatest between the ages of 80 and 90.

8. *The Tomb of Hippocrates.*—The *Esperance*, of Athens, states that near the village of Arnacutli, not far from Pharsalia, a tomb has just been discovered, which has been ascertained to be that of Hippocrates, the great physician, an inscription clearly enunciating the fact. In the tomb a gold ring was found, representing a serpent—the symbol of the medical art in antiquity—as well as a small gold chain attached to a thin piece of gold, having the appearance of a band for the head. There was also lying with these articles a bronze bust, supposed to be that of Hippocrates himself. These objects, as well as the stone which bears the inscription, were delivered up to Housin Pacha, Governor of Thessaly, who at once forwarded them to Constantinople.

One of our contemporaries suggests that as the name Hippocrates was about as common among the Greeks as Smith is among us, there may be some uncertainty about the identity of the tomb in question.

9. *Ancient Quack Medicines.*—It will appear from the following, copied from the records of Massachusetts, that the early fathers of the commonwealth were more severe upon quacks than we are: "Nich. Knopp is fined five shillings for takeing upon him to cure the scurvey by a water of no worth nor value, which he sold at a very dear rate; to be imprisoned till he pay his fine, or give security for it, or else to be whipped, and shall be liable to any man's action of whom he hath received money for the said water."

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MEDICAL SOCIETIES AND CLINICAL REPORTS.

Art. VII.—*Philadelphia County Medical Society.*

Feb. 10th, 1858. 7½ P. M. Dr. Mayberry, Vice President in the chair. While awaiting the arrival of Dr. T. F. Betton, the lecturer of the evening, Dr. Turnbull related a case of double cephalamatoma. He was called to a lady in labor, which was so rapid, that the child was born when he arrived. At that time, he noticed nothing remarkable about the child. On the fifth day, his attention was called to a tumor on the head, in fact, two tumors, one on each parietal bone. They were about four and a half inches across. He directed a spirituous lotion, but they still increased, and about the seventh or tenth day, he could feel a peculiar hard ridge around the edge of the swelling. He consulted with Dr. J. F. Meigs, who mentioned the fact of having cured such a case, by poulticing, and advised a like treatment in this instance. But, though poulticed with much care every four or five hours, on the twentieth day there was no material diminution. He then inserted an exploring needle, and blood issued freely. It was evidently under the pericranium. The family being anxious for an operation, he made a free incision at the lower end of one tumor, and in consequence of the free effusion of blood, was compelled to use compresses, and cold applications. When this had ceased, he inserted patent lint, and applied adhesive straps, bandages, and a cap over all. On the following morning, he found the cap saturated with blood, and removed all the dressing, except the adhesive straps. Now, thirty-six days from the commencement, the tumor has almost wholly disappeared. That on the other side, he did not open, but applied straps, and it also gradually disappeared.

Dr. Condie said these were rare occurrences, he believed, in this city. He had never met with a case, in a practice of forty-three years, where the blood, as in the case related this evening, was situated upon or beneath the pericranium. Tumors are common, in which the blood is effused between the laminæ of the scalp. It would be an interesting fact, could it be determined, to know whether, in Dr. Turnbull's case, the presentation had not been changed in the course of the labor. It is a very common opinion, and perhaps a correct one, that these tumors are produced by the pressure of the uterus upon the fœtal head during labor, the blood being driven into the most advanced part. The worst plan is to open them. If they are caused by a morbid condition of the peri-

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cranium, or of the vessels that penetrate the bones, the best plan is to keep them closed. Cold compresses are preferable in his opinion to warm poultices. In Europe, they apply astringent lotions, but he could think of none there, who recommended warm applications. These tumors have been, and are very liable to be mistaken for fractures of the bones.

Dr. COATES asked on what part of the parietal bones these were situated?

Dr. TURNBULL replied that they were on the centre of the bones, directly over each boss, and at present, each bone seems somewhat enlarged.

Dr. JEWELL had had three of these cases, and all after tedious labor: each was situated on the presenting part. The first remained over three weeks. He used cold astringent lotions, and not succeeding, followed these by poultices; had suppuration, opened the abscess, and extensive purulent discharge followed, which left the child with a deformed scalp, and on this part the hair never grew.

In the second case, he used iodine lotions, and after ten or fifteen days, it began to subside, and was soon well. In the third, he also applied the iodine, for ten days, or two weeks, and not succeeding, used warm bread and milk poultices, and absorption rapidly followed. The cupped appearance, to which Dr. T. alluded, was present in all these cases; it felt like a depression of the bone, but he did not consider it peculiar to the disease.

As the lecturer had not arrived, and it was past the time for expecting him, Dr. CONDIE proposed for the consideration of the members, an important subject, and one which may be made to throw considerable light on the pathology of disease, &c., viz., *intra-uterine diseases.* Smallpox has been communicated to the fœtus, and it has been born with the eruption. Children have been born with extensive tuberculization of various organs, which, in some cases, had gone on to softening, and produced inflammation of the neighboring parts. Sometimes, we had disease, when the mother exhibited no symptoms of it, as pneumonia, peritonitis, &c. Numerous cases are related of the latter disease, where adhesions have been formed, showing that inflammation of a severe grade had existed. Prof. Simpson, of Edinburgh, had published a paper in which he refers to a number of cases. In a large number of the instances on record, Dr. C. had found the mother had erysipelas, when the child had peritonitis. As the relation between erysipelas and peritonitis is now fully recognized by the profession, and there is not the least doubt but that erysipelas is a disease of the blood, the external phenomena, and concomitant affections of internal organs are merely results of the same blood disease. The mother had escaped,

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and the fœtus had had peritonitis with effusion and adhesions. The modern doctrine of phlebitis as a cause of pyemia, is that the phlebitis is the result of the diseased condition of the blood itself, and the diffused abscesses are not the result of pus taken into the circulation and deposited in particular parts, but that the depots met with in different organs in cases of empyema are in fact small abscesses produced by inflammation occurring at the place where the pus is discovered. The whole subject of intra-uterine diseases is but in its infancy, and curious results are no doubt to be derived from its close investigation.

One other form of disease is common in the fœtus in utero, and that is erysipelas; in the great epidemics of puerperal fever, at least two-thirds of the children were born with it upon them, and in many, there was peritoneal inflammation.

Dr. COATES mentioned a case of a child with cyanosis, which died in five months, where was found an open foramen ovale, and the lungs were crowded with tubercles, accompanied by emphysema of the kind ascribed by Rilliet and Barthez to children, with large cavities between the lobules, and some of these were one and a quarter inch long.

At the risk of producing disgust at the breakfast table, he would mention a phenomenon concerning eggs. Many were found on breaking them after boiling, to have the membrane adhering to the albumen so strongly, as to tear out patches of its substance. This was formerly rare, but at present a very large number of the eggs were so affected. He considered it due to an amnitis, or inflammation of the amnion, produced by carrying over railroads.

Dr. MAYBERRY had noticed several instances where children were not susceptible to the vaccine disease, where the mother had been vaccinated while carrying them, and had observed the same result from modified smallpox.

Dr. CONDIE remarked, that in the first of the modern epidemics of smallpox, in this city, a lady was affected with the modified form during the eighth month of pregnancy. It was light, and no remedy was required; but few imperfect pocks appeared. The child was born covered with genuine smallpox, and died within one hour. He never saw a more beautiful specimen of discrete smallpox, and some pocks had gone on to the period of maturation.

Dr. FLEMMING had attended a lady in labor, who was delivered of a child in a putrid condition. Scarlet fever had been in the family; one child had died with it, while the mother was far gone in her pregnancy. Since that time, she had not felt any movement of the fœtus. The presumption was, that the child had died of scarlet fever.

Dr. JEWELL had, like Dr. Condie, a case of a young father who

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died of malignant smallpox on the seventh day. On that day, his wife was confined, having had varioloid previously, and the child was covered, when born, with a full crop in the first stage, and died of the malignant form.

In connection with this, he mentioned a case of a child born with a mark similar to a vaccine mark on its arm; the mother had been vaccinated during pregnancy.

Dr. EMERSON, without intending to endorse this last, but considering it as a mere coincidence, would say, that the subject of vaccination during utero-gestation was of importance to decide. In epidemics, pregnant women were desirous of being revaccinated. Some medical men, of very good authority, decline so doing. He would like to hear the sentiments of the members on that point.

DR. CONDIE asked what possible objection could exist, when we frequently vaccinate a child but a few days old. In the Foundling Hospitals of Paris, every child was vaccinated immediately on being received, and distinguished accoucheurs vaccinate within the first three days. The vaccination of the mother could not produce abortion, and if it really did extend its protective influence to the child, what could be the objection to its performance? What harm could possibly result?

Dr. R. K. SMITH remarked that the question started this evening opened an interesting field of inquiry. The important practical point to discover, was the one alluded to by Dr. Emerson, viz: "the propriety of vaccinating or revaccinating pregnant women." The remarks made by the chairman and Dr. Condie presented this subject to the mind in two different points of view. If revaccinating the mother protected the child in utero, or on the other hand, if, as Dr. Condie seemed to infer, it communicated true variola to the offspring, then, indeed, it was important that the question should be decided.

Dr. CONDIE (interrupting). I said nothing of the kind.

Dr. SMITH. You certainly related a case that led to that inference, and so did Dr. Jewell.

Dr. JEWELL (interrupting). I said nothing about revaccination, or the vaccine disease producing smallpox in the child; I said where modified smallpox had been developed in the pregnant woman, it produced the true disease in the fœtus in the case above named.

Dr. SMITH. Well, if Dr. Jewell will explain how modified smallpox or variola vaccinia can occur without vaccination, I will give up the point. He certainly understood both the gentlemen to state their cases precisely as he had related them, and if he was mistaken in regard to Dr. Condie, he apologized for calling him up. He contended that if a child was born covered with a true variolous eruption, imparted to it by the mother

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from revaccination, it was an operation not to be thought of in pregnancy; but he maintained the diseases of variola and kinepox were entirely different, and would not produce each other. If the views of those gentlemen were correct, it seems the mother conveyed to the child a disease of which she had not the first symptom, as cowpox is a new disease. He did not rise to discuss the question, but simply to refer to it, as a very interesting one, and to suggest that it be made the subject for a future meeting, when gentlemen would come prepared to investigate it thoroughly.

Dr. CONDIE said that which proves too much, proves nothing. If Dr. Smith's ideas were correct, it would be unnecessary to resort to vaccination in a child born of a vaccinated or variolated female. The protection afforded by vaccination must result from a peculiar change wrought in the tissues of the various organs of the being by the vaccine virus. We have a new being formed by, and in connection with the maternal organs, which had already undergone this change, in consequence of which she may have the disease in a modified form, or not at all, but the child whose tissues have not undergone the peculiar change, will have it in the unmodified form. Now all these diseases, smallpox, varioloid, and the vaccine disease, are the same in their *first elements*. In epidemics, a patient with varioloid will, and frequently does, give the genuine smallpox to others. It has been shown by experiments in Denmark, Holland, and Germany, that they are one and the same thing; and it has been proposed by Dr. Mohl, of Copenhagen, to inoculate the cow, in order to produce a fresh supply of vaccine matter; he says that he has produced vaccine matter in this way. There is no direct communication between the circulation of the mother and the child. By microscopical examination of the blood we find none of its leading features to be identical in the mother and child. There is no connection; they are two independent beings; each builds up its own tissues.

Dr. R. K. SMITH asked how the poison of disease was communicated to the fœtus by the mother, if there was no participation by the fœtus in the circulation of the mother? If vaccine disease and variola are similar, why vaccination was resorted to in order to protect rather than inoculation?

Dr. CONDIE answered that it was easy of explanation. If we apply matter to the skin, or arsenic be placed in the food of the mother, it would poison the fœtus. The umbilical vessels take up this, to form blood for the fœtus, and if the blood of the mother is poisoned, the fœtus feels it. But not in all cases are diseases communicated to the fœtus. These are the exceptions. The modification of the variolous matter which it undergoes by passing through the cow, renders it less dangerous.

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The vaccine disease is not contagious, but varioloid will give off exhalations and fomites, which poison others. Thousands of cases have proved that varioloid will produce genuine smallpox. That vaccine matter undergoes a change, is admitted by all the Europeans, with the exception of the English.

Dr. EMERSON, in view of the acknowledged risk of a woman in gestation communicating disease to the fœtus, thought the doctrine, if it be true, that variola and vaccine disease are identical, would warrant us in making a distinction in regard to vaccinating or revaccinating a pregnant woman. Revaccination was justifiable, but the other was not, as it might produce smallpox in the fœtus.

Dr. NEBINGER thought himself justified in concluding that children in utero do suffer and die from disease, and also that mothers in this condition have diseases which are transmissible, and yet do not transmit them. At this point he would relate three instances :—

A lady died three days after her accouchement of malignant smallpox; the child is living still. Anxious to know the result of disease as to the offspring, he followed up the case, and found no evidence of ever being influenced by the variolous poison. Another lady, seven or eight months gone, had smallpox distinct, and she got safely through; the child was born, and is living; there is no evidence of smallpox having been produced on it. Fearing the poison that might still be lurking about the house, he vaccinated the child, and it was fully affected by the vaccine disease. A little girl had violent smallpox. The mother was pregnant; two weeks rolled around, and the girl being convalescent, the mother was confined, and the child vaccinated the day after. This run its course regularly, and varioloid resulted. He did not intend this as an evidence that smallpox was not produced in utero, only as important to know the pros and cons, the yeas and nays, of the subject. He did not conclude that cases could not occur of the fœtus receiving disease from the mother; on the contrary, from the well authenticated facts of children being born with the disease (smallpox for instance) that the mother had but a short time prior to delivery, he believed that disease could be conveyed to the fœtus; and the cases related by him were not offered to disprove the fact of the child in utero being affected by the disease the mother was suffering with, but were offered as evidence to prove that the child in the uterus, as is known to be the case out of the uterus, possesses that peculiar condition of system which makes it susceptible to morbific influences. Hence it is that if the mother whilst pregnant should be brought under the influence of the vaccine virus, there is no certainty that the fœtus would be influenced also.

Dr. COATES remarked, in regard to what Dr. Jewell had said concern-

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ing coincidence of *marks* on the fœtus, that when young, and engaged in the Pennsylvania Hospital, he saw a pregnant woman who had been badly burned, and the child was born with several patches of skin off the legs, remarkably like the burns. He believed that as the child was killed by the accident, putrefaction had caused this.

Dr. JEWELL saw an interesting case of the kind. A child fell in the street, and lacerated its ear; it was brought to the mother, in her third month of pregnancy, who applied a napkin to the part, took it off, and seeing the whole cheek covered with blood, was much alarmed. When the fœtus was born, the right side of the face was covered with a varicose aneurism. But, of course, this was merely a coincidence. He asked that Dr. Condie would give them some new theories to account for this.

Dr. CONDIE replied that it was a curious idea, the gentleman asking for theories, when in all his publications there would be found very little theory. An incident is related by an admirable author, Dr. Buchan, in his "Advice to Mothers." He gives a case, where the shock was so great that the child ought to have been deformed, if it was possible for the mind to effect it. A female in Edinburgh, six months gone, while sitting in her room was much startled by an escaped monkey jumping upon her shoulder. In great alarm she sent for Dr. B., sure that her child would be a monkey, or something horrible; but lo! the fright had no effect. In another case, a baker's wife, in her sixth month, had her husband brought home from a riot with his right shoulder injured. When the child was born it had a nævus on the left shoulder. Now, as the nurses said this was a mistake, nature should have put it on the right shoulder. In looking over the last edition of Dr. Watson's work, he was much surprised to find that gentleman believing that the imagination of the mother may produce an effect on the fœtus. He could not see how, as there was no nervous connection.

Dr. CURTIS saw a lady in her first confinement, who, when the child was born, and before she had seen it, asked about the cherry. On enquiry, he learned that three months before, her brother had thrown a black cherry which struck her on the head, and she was certain the child would be marked with a cherry. On examination, he found a nævus exactly on the top of its head, very much resembling a black cherry.

Dr. COATES did not believe that the imagination of the parent could impress on the body of the child any mark resembling at all the object which had affected the imagination in a lively manner. But he could not consider this proved by the absence of nerves in the umbilical cord. Gentlemen much respected for their science, who were believers in animal magnetism, considered that the nervous influence could be projected from one individual into the body of another. The nerves end

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in loops or direct terminations, with considerable spaces between them, as demonstrated by the microscope, and yet we have the nervous action going on without impediment from that cause.

Dr. EMERSON remembered a case of a child born with spina bifida. The mother gave, as she thought, a clear account of its cause. She had been much frightened by a great danger to which one of her children had been subjected, in the early part of her pregnancy. The child had been struck with an axe on the lower part of the back, and when she heard it, much shocked, she clapped her hand to that part of her back mechanically, and firmly believed this was the cause of the spina bifida. He regarded it merely as a coincidence.

Dr. CONDIE thought that a very stupid archeus governed in the case related, not to put the hand on the part also.

If it were not so late, he would like much to argue some facts stated by Dr. Coates concerning the nervous system, but hoped to have an opportunity to do so at some other time.

Adjourned.

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REVIEWS AND BIBLIOGRAPHICAL NOTICES.

ART. VIII.—*A Manual of Medical Diagnosis.* Being an Analysis of the Signs and Symptoms of Disease. By A. W. BARCLAY, M. D., Fellow of the Royal College of Physicians, Assistant Physician to St. George's Hospital. Octavo, pp. 423. Philadelphia: Blanchard & Lea, 1858.

THIS is an English reprint of a volume on one of the most interesting and vital divisions of general pathology. "The science of diagnosis," says Louis, "is the most important, most useful, and most difficult of all the divisions of medical science. Without an accurate and precise diagnosis, theory is ever at fault, and practice often unfaithful."

No work has been issued in the English language on this subject since that of the late distinguished physiologist, Marshall Hall, the last American edition of whose work was edited by the late Dr. Swett, of New York, who made many useful additions under the head of "Physical Diagnosis." Both of these men have departed, but each of them has left a tribute to the profession which will be long remembered with gratitude when they shall have become as the clods of the valley.

Many experiments, observations, and new facts have been collected since the publication of the last edition of *Hall on Diagnosis*, therefore a full, complete, and perfect work was wanted by the profession.

Dr. Barclay is not unknown to fame in medical lore, as an Essay on Temperament, and several communications on Cardiac Affections, &c., published in the *Lancet*, *Medical Times*, and other journals, will testify. He was also ten years registrar in a large metropolitan hospital, during which period more than twelve thousand cases were carefully analyzed, recorded and classified by him on the plan adopted in this volume.

The following is the outline of the particulars which he thinks a clinical clerk ought to attempt to enumerate in the history of each case which he records:—

Address; name; age; sex; civil state; occupation (in females, number of children; date of last pregnancy; menstrual function).

History:—

a. Of present attack.
b. Of previous illness.

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Present State :—

1. General symptoms.
   - *a.* Skin; as to heat and dryness.
   - *b.* Pulse; as to frequency, force, and fulness.
   - *c.* Tongue; as to coating and moisture.
   - *d.* Bowels and urine.
   - *e.* Appetite and thirst.
2. Appearance.
   - *a.* Size.
   - *b.* Aspect and expression.
   - *c.* Color.
3. Position or posture.
   - *a.* In bed.
   - *b.* Out of bed; gait and manner.
4. Sensations.

Survey of regions and organs :—

1. Innervation.
   - *a.* Brain.
   - *b.* Nerves.
2. Respiration.
3. Circulation.
   - *a.* Heart.
   - *b.* Bloodvessels.
4. Digestion.
   - *a.* Assimilation.
   - *b.* Excretion; character of stools; analysis of urine.

"The ultimate object of study in all departments of medicine is the relief of the patient by the successful treatment of disease. It is the province of diagnosis to combine together the various lessons from the materia medica, physiology, and pathology, and by the application of the symptomatology of disease in general, to any particular case, to arrive at a just conclusion regarding its true nature and pathology; and though it does not enter directly on the question of treatment, it has a regard to all those indications on which it ought to be based."

I have given, in this quotation, from the introduction of Dr. Barclay's work, an abstract from his definition of the province of diagnosis; but we like somewhat better the definition of Chomel[1] in his classical work on General Pathology—"Diagnosis[2] is that part of pathology whose

[1] Elements of General Pathology, by A. F. Chomel. Translated by Drs. Morland and Oliver, pp. 273: Boston, 1848.

[2] Διαγνωσις, discernment; δια, through (thoroughly); γινωσκω, to know.

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object is the discrimination of disease. To discriminate a disease is to recognize it whenever it exists, whatever be the form it assumes; and also to decide that it does not exist whenever other diseases appear with symptoms similar to its own." "Still, in diagnosis," remarks the same author, "that quality known as *medical tact*, can only be acquired gradually; it implies the union of all the qualities necessary to the observer; integrity of all the senses, which thus distinctly transmit every modification of the phenomena within their jurisdiction; a firm and penetrating mind, capable of properly collating, comparing with discrimination, and deducing from facts the inferences and consequences which they furnish, and which, uniting boldness and prudence in due proportion, dares at times to obey the dictates of a seeming inspiration which is really an accurate, although a rapid appreciation of the most expressive phenomena of the disease. These precious qualities are rarely combined in one individual, and the number of physicians remarkable for great skill in diagnosis is always very limited."

It therefore behooves physicians to accept every aid which will facilitate their knowledge; and in such works as Dr. Barclay's the wheat is all ready to their hand, and it requires but the grinding to make it their own.

Passing from the introduction, whose sentences are too long and obscure, it would be well for the author in a second edition to put his meaning into plainer and more familiar words; for the time of the practising physician is so often limited to a few hasty glances at a work of reference, that he requires brevity with accuracy. The first chapter contains the "Method of Diagnosis," comprised under history of case, narrative of previous symptoms, arrangement of existing phenomena, plan of carrying on the investigation, &c., which we have already given.

The following is his classification, which is in use at St. George's Hospital, which, he remarks, "is not put forward here as possessing any claims to perfection, but is the one most familiar to him."

Its principle is—

I. To throw into a large group at the commencement, all those diseases which, while perhaps manifesting themselves in particular organs, are more or less proved to have their origin in general conditions of system.

This is again subdivided into twenty-one heads, grouped in the following order:—

1. Those which are believed to have a specific origin; of which the febrile diseases are placed first, including many of the so-called "zymotics." Next come rheumatism and gout, followed by such as are wholly adventitious, the poisons, entozoa, &c.

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2. Diseases of uncertain or variable seat, dropsies and hemorrhages, which, pathologically, might be regarded as merely indications of deeper seated lesion, but which, from the consistency of their signs and symptoms among themselves, and their dependence on a variety of causes, also demand separate investigation.

3. The chronic blood ailments—purpura, scurvy, anæmia, &c.

4. The constitutional ailments of solid parts; scrofula, tubercle, and morbid growth.

5. The quasi-nervous diseases; the symptoms of which are principally derived from functional derangements of the nervous system, in the ultimate distribution of its filaments, and in relation to muscular fibre; they thus stand in juxtaposition to diseases of the brain and nerves immediately following.

II. To take in detail the diseases of special regions, or systems of organs. In this class we commence with the brain and nerves, and descend regularly to the thoracic and abdominal viscera, which are ranged in several groups, and we conclude with the bones, joints, muscles, and skin. In each subdivision, the acute take precedence of the chronic diseases. Then follows his table representing this method of classification. For want of space, we will select only the first three as an example.

I. Fevers.
   1. Continued fever; 2. Remittent fever; 3. Influenza; 4. Epidemic cholera.

II. Eruptive Fevers.
   1. Measles; 2. Scarlatina; 3. Varioloid; 4. Erysipelas.

III. Intermittent Fevers.
   1. Quotidian; 2. Tertian; 3. Quartan; 4. Irregular.

By a careful analysis of each subdivision, it will be evident that Dr. Barclay, like many of his illustrious predecessors, is far from perfection in his classification; for influenza, according to Andral, is a general affection, the nature and causes of which are unknown, and we might with as much propriety place it under diseases of the stomach or respiratory organs, as that of fevers. For a patient can have all the other symptoms of influenza, and yet fever be absent. We certainly think that epidemic cholera should be associated with affections of the alimentary canal, for it has the same producing cause as dysentery, namely, local atmospheric impurity with certain influence of season.[1] There is

[1] The British and Foreign Medico-Chirurgical Review, No. xxxvii. p. 60, Review V., On the Local Causes of Cholera.

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a very vague sort of term employed at No. 14, namely, "*cachœmia* or cachexia," expressing simply a depraved condition of the blood, and consequently of the body. Now there must be a cause for this habit, and it would be better if modified, and the disease placed under its cause or organ affected. Nos. 35 and 36 on Diseases of the Urinary Organs should also be changed. As it stands it is as follows:—

1. Nephritis and nephralgia; 2. Abscess; 3. Ischuria; 4. Albuminuria; 5. Diuresis; 6. Cystitis. No. 36, Diabetes.

Now, we think it should be as follows:—

1. Inflammation of the kidneys or *nephritis;* 2. Bright's Disease; 3. Organic diseases of the kidneys; 4. Urinary deposits; 5. Diabetes. Diseases of the Bladder: 1. Inflammation of the bladder, or cystitis; 2. *Prostatitis*, acute and chronic; 3. Organic affections; 4. Neuralgia; 5. Calculous nephralgia or nephritic colic; 6. Spasm of the bladder; 7. Irritable bladder; 8. Paralysis, or debility of the bladder; 9. Strangury; 10. Suppression of urine; 11. Retention of urine; 12. Incontinence of urine.

This change in the classification would facilitate the diagnosis of this class of affections.

Chapter Second, which consists of only two pages and a half, is taken up with the consideration of the "Duration and Sequence of Phenomena."

1. Duration divides diseases into acute or rapid and chronic or slow.

2. It sometimes tells of a previous condition of weakness and long ailment, which, though it does not negative the subsequent occurrence of acute disease, guards against a hasty decision, and is of immense value in determining our treatment.

3. It gives a measure of the intensity of pain and suffering, by enabling us to compare its effect on the patient's health with its alleged duration.

4. The order of sequence helps us in tracing back the phenomena of disease to their origin, while the first deviation from health sometimes points at once to its seat.

5. It sometimes enables us to exclude certain possible diseases to which the symptoms might lead by the knowledge that, in their course, events occur at fixed periods which may have been already passed by.

Chapter Third is taken up with the "General Condition of the Patient," which is filled with valuable matter, and concludes with "Special Indications," which it would be well for young physicians to commit to memory, and older ones to look over, and refresh and brighten up lost facts in regard to "the skin," "the pulse," "the tongue," &c. &c., giving valuable hints of what we may suspect, &c.

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In Chapter Fourth, he enters upon his subject proper, commencing with "Febrile Diseases," and, as we wish to give an example of his fitness for the task, we will select here and there through the volume a few passages, which, we trust, will not only be interesting, but practically useful. Then first, of

Spinal Irritation.—As connected with this subject, a few words must be said upon the somewhat fashionable ailment denominated spinal irritation. It is a great misfortune when a name is given to any affection which conveys an erroneous impression of its nature; irritation of a nerve produces either momentary spasm or transient sensation, as the course of the nervous influence is centrifugal or centripetal, and a continuance or repetition of the irritation will produce the same phenomena in a more or less continued succession; in this view, all pain and all spasm may be classed generally under nervous irritation, and so the true spinal irritation, which characterizes the first stage of inflammation of the cord, produces fixed local pain, and distinct local spasm. On the other hand, excessive tenderness or sensibility—hyperæsthesia, as it is called—such as occurs in inflamed states of organs, whether with or without actual pain, as well as the excessive mobility seen in chorea or delirium tremens, may be said to be due to irritability, but are certainly not the effect of irritation. Again, loss of sensation and loss of motion are not evidence of either irritability or irritation, but of interruption to the transmission of nervous influence, or loss of power in the brain to take cognizance of the one or originate the other.

In what is called spinal irritation all these phenomena may be met with, and are mixed up together in the most incongruous manner. Some inquirers have deceived themselves into the belief that the symptoms were capable of classification, and have even detailed examples of cases in which there was some pretension to scientific order and natural sequence; but in these instances they have, no doubt, been misled by their having put leading questions to persons in whom the prominent condition was a disordered fancy, and by their having readily obtained answers in the affirmative. Take the patient's own account of symptoms, or put the leading questions in such a form as to develop their incongruity, and no doubt need remain of the truth of what is here stated. There is often complaint of pain in the back, but its character, in place of being fixed, and local, and deep-seated, is diffused, superficial, and variable. Movement, at one time alleged to be impossible, is effected with perfect ease at another, when the attention is turned to something else; the slightest touch, when the question is put, will be said to give pain, and yet firm pressure or a considerable jar at another moment is unheeded. This character alone is sufficient to distinguish such complaints of pain from those that are of real importance; the same remarks apply to the spasms and the paralysis which, each in turn, may form the principal feature of the disorder; they may, by a little dexterity on the part of the observer, be proved to have their existence only in the exuberant fancy of the patient. If the distinctions in the use of terms just pointed out had been clearly kept in view, we should probably never have had any doubts or confusion on this subject (p. 169).

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Dr. Barclay's distinction between pain and neuralgia is so correct and to the point that I cannot pass it without an extract.

Local pain is either direct or sympathetic; when accompanied by a febrile state, it is always referable to some congestion or inflammation; without fever, it is either dependent on some chronic ailment of the part, or it must be regarded simply as neuralgia. The first inquiry, therefore, is whether there be any alteration in the function, normal condition, or nutrition of the part in which pain is complained of; next, whether any ailment exist elsewhere of which such pain is known to be sympathetic.

Examples of such affections are found in disorder of the liver, being frequently associated with pain in the right shoulder; nephralgia, especially calculus of the kidney, causing pain in the thigh, groin, or testicle; irritation of the bladder, being referred to the meatus urinarius; disease of the womb, leucorrhœal and other discharges, being accompanied by pain across the sacrum; disease of the hip-joint, being often indicated by pain in the knee, &c. Some practitioners have recently attempted to substitute a theory of sympathetic or perhaps reflex pain, connected with the uterus and ovaries, for that of spinal irritation, as affording an explanation of some of the anomalous pains of hysterical females. This wants confirmation, and will, in all probability, be found as baseless as the spinal irritation theory.

We must not overlook the consideration that direct pain in local inflammation is aggravated by movement or pressure, and is indeed sometimes only spoken of as produced by such circumstances, bearing in mind, at the same time, the exaggeration of this fact exemplified in the tenderness of hysteria.

Should careful inquiry reveal no definite cause for local pain, we must be content with the terms neuralgia and irritation; not that they are in themselves satisfactory, but they serve to distinguish conditions beyond which we cannot at present penetrate (p. 183).

We will now pass to a subject of much importance—the distinction between a blood sound and valvular murmur, which is at times very difficult to determine, and yet of great importance in acute rheumatism.

An anæmic murmur is very seldom to be traced in greater intensity towards the apex, but that it is so occasionally is quite certain; and the fact must not be forgotten. The general indications which would confirm the opinion that it was due to blood-change only are that the patient is young, and has never had rheumatic fever, and that the aspect is decidedly anæmic; blood passing backwards through the mitral valve tends to produce blueness of skin from obstruction to the circulation in the lungs; a bruit in the carotid artery or in the jugular vein, when none can be traced at the base of the heart, is also a valuable indication; the pulse in such circumstances is not at all deficient in power, but it may not be perceptibly so, even with decided mitral insufficiency, when regurgitation takes place only to a small extent. It may be suggested, in explanation of this form of blood-murmur, that the vibration is excited by the friction of the particles against the columnæ carneæ when the blood is in such a condition that it can be

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readily produced, and that it is heard with greater intensity towards the apex only because the base of the heart and the great vessels are deeply covered by lung-tissue, while the apex is comparatively exposed in the particular instances in which it has been noticed; and this is the more probable because it very generally varies in position and intensity from day to day.

Tricuspid regurgitation seems to be a very common condition; and is very rarely indicated by the presence of a bruit. This is to be explained, no doubt, by the minor force of the right ventricle; and it is, therefore, only in conditions of very decided disease that a tricuspid systolic murmur is met with; such cases, pathologists know to be very much rarer than corresponding disease of the mitral valve.

At the base of the heart, bruits are so often dependent on blood-changes that the diagnosis can rarely be made with any approach to certainty from the character and position of the murmur itself; and we therefore look, in the first instance, to the aspect of the patient, the history of the case, and the evidence of disease of the heart from diastolic murmur or hypertrophy, to aid in the determination. In no case, perhaps, is error more liable to be committed than in mistaking nervous excitement for hypertrophy, and deciding that therefore the bruit heard is an indication of valvular disease (p. 278).

In the progress of rheumatic fever, it is the duty of the medical attendant to examine the condition of the heart at every visit. No fact is better established than the association of cardiac inflammation with this disease; and if remedies can avail, the time for their employment is at the first inroad of the inflammatory action; the organ once spoiled is seldom restored to a perfectly healthy state; it is perhaps, therefore, not out of place to say a few words upon the subject of the precursory or premonitory phenomena, as they may be called. It would appear that when the perspiration is less abundant, and less sour-smelling, when the skin is dry and the odor rancid, the liability to cardiac complication is greater. The pulse is sharper and firmer, the heart itself becomes excited, its systole is sharp and shrill, and its impulse against the chest more perceptible, when there is any tendency to inflammation of that organ; but this excitement may be calmed, and no further change observed. Next, we find that there is some alteration in rhythm; the first sound seems to be shorter, and the first interval longer, than in health; at least, there is a notable change in the proportionate duration of the first and second sounds and the first and second intervals; this, too, may subside, but is very liable to be followed by more decided evidence of inflammation. Pain or dispnœa may occur before friction or bruit of any kind, but they seldom precede the other indications, and ought not to be the first suggestion of cardiac complication. If, after the changes just spoken of, a slight creaking be heard, we may be sure pericardial friction is just about to show itself; if a slight roughness of the first sound at the base, that endocardial murmur will soon be detected (p. 283).

There are several other parts we have marked, but want of space will not permit their insertion. We will, therefore, conclude our brief review by his notice of "Tubercles in the Brain," two cases of which,

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occurring after the age of puberty, have come lately under the writer's knowledge, both in persons of hereditary tuberculous constitution.

In adults, the cases of tubercular inflammation of the brain may be divided into two classes: the one accompanying the early stages of tubercular deposit, when miliary tubercles are evenly distributed through the lungs; the other attending the advanced stages of phthisis, with vomicæ in the lungs. In their general features there is considerable analogy, but in the early cases the symptoms are more acute, and correspond more closely to those seen in the same disease in childhood; in the advanced cases the inflammation is of lower type; the presence of disease in the follicular glands of the intestine renders constipation very rare; vomiting, on the other hand, is of common occurrence. The pulse, so often quick in phthisis, is always so in this affection of the brain; the head is hot and painful; night-sweats, if they have previously occurred, have ceased; and, contrary to what is found in childhood, delirium is an early symptom. This subject has been already fully discussed under the head of delirium, to which the student is referred; its presence cannot fail to draw attention to the condition of the brain; it may be accompanied by strabismus, unequal action of the pupils, or aversion to light and noise, but such signs are more often wanting among adults. Alterations of sensibility and mobility are rarely observed in the early stages.

This *Manual of Medical Diagnosis* is one of the most scientific, useful, and instructive works of its kind that we have ever read, and Dr. Barclay has done good service to medical science in collecting, arranging, and analyzing the signs and symptoms of so many diseases. It must have cost him great labor, and the profession should show their appreciation of it by their desire to procure and apply its valuable hints and suggestions to the thousand obscure cases which perplex and baffle the unaided efforts of any one man, be he ever so wise, and his opportunities ever so good. Another most valuable feature in the work is that it has been furnished with a copious index, which increases its utility very much as a volume of reference. We have little doubt that a second edition will soon be called for, and, meagre as our suggestions have been, we trust they will meet with favor at his hands. T.

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EDITORIAL.

THE STATUS OF THE PROFESSION.

We have, in our former discussion of this subject, presented rather a gloomy picture. If there is any foundation at all for what we have said, it is time that something was done to make medicine a more distinctive science than it is at present. We want what does not exist in our country—a STANDARD of medical acquirement. It does not, it cannot, exist in the schools, for their name is legion, and each has its own standard, some of them low enough in all reason. It cannot be obtained through legislative enactments, for they are worse than useless, as we have abundantly proved in New Jersey.[1]

There is one source, and one only, from which a standard can emanate, and that is the profession itself, through the only organization in which the profession of the whole country is represented, viz., the American Medical Association. Let us make membership of that body an honor worth striving for. Let *it* govern the profession of the country, and we will be relieved of the farce of turning out an unworthy member, and then be subjected to the indignity of having him sent back a member "in good and regular standing," as may be done by the corporation of the Philadelphia Hospital, Blockley, at our very next meeting.

The plan by which we propose to accomplish the object in view is imperfectly set forth in the following preamble and resolutions, offered by us at the late meeting of the Medical Society of New Jersey, and which will be officially presented by its delegates at the meeting of the Association at Washington, in May next.

We would premise that the plan indicated below is suggestive rather than fixed. It is susceptible of improvement, and the intention was to have it referred to a committee for that purpose,

[1] On this subject do not fail to read, on a subsequent page, the able address of Dr. Ryerson, late President of the Medical Society of New Jersey.

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whose duty it should be to present and recommend a definite plan.

We bespeak for the subject the attention of our readers, and of the friends of the American Medical Association generally.

Whereas, The physicians of New Jersey early evinced their appreciation of the value of associated effort in elevating the character and supporting the dignity of the medical profession, by organizing the Medical Society of New Jersey, on the 23d of July, 1766, through which organization much has been done to promote good feeling among the members of the profession, and to encourage a high grade of qualifications in those who have desired to practise medicine and surgery in this State, thus guarding the health and lives of our citizens against the ignorance and presumption of pretenders to the healing art: and

Whereas, The Medical Society of New Jersey, cherishing an abiding interest in all that relates to the honor and dignity of the profession of our whole country, took part in organizing the American Medical Association, still regard that organization with confidence and favor, and believe that it possesses the elements of a power which, if exerted in the right direction, will result in great good to the profession, and through it, to the public: and

Whereas, This society is anxious that the qualifications for membership in that body shall be such as will tend to elevate the profession above all merely local influences, thus giving a character and position to its members that can be attained by no other means within the exclusive control of the profession of this country, therefore

Resolved, That the Medical Society of New Jersey would respectfully recommend to the American Medical Association, the adoption of some plan by which membership in that body can only be attained by conforming to certain rules and regulations laid down in the Constitution of the Association.

To this end, this Society would respectfully recommend that the "Plan of Organization" of the Association be amended in some such manner as the following—subject to the deliberations of the Association.

Delegates to the American Medical Association shall be selected from those who shall conform to the requirements of the Association for membership in that body.

The title *Member of the American Medical Association* (*M. A. M. A.*), shall be conferred in the manner following, to wit:—

The Association shall appoint a Board of Censors for each Circuit of the United States Supreme Court, each board to consist of —— physicians and surgeons in good standing in the Association, one of whom shall go out of office at each annual meeting of the Association, his place being filled by election, until the

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places of all the original members are so supplied, and thus continually. These Censors shall reside in different sections of their respective districts, and a minority of the whole number of any Board of Censors may be composed of professors in medical colleges in the district. The members of the Board of Censors to receive —— dollars compensation for every meeting they attend.

It shall be the duty of these Boards of Censors to meet —— times a year in different sections of their respective districts, for the purpose of examining candidates for the title of Member of the American Medical Association, on whose certificate the President, or other authorized officer or officers of the Association, shall, after the candidate has subscribed to the Code of Ethics of the Association, and paid —— dollars into its treasury, issue a diploma, setting forth the fact of membership.

The certificate of the medical and surgical examining boards of the U. S. Army or Navy shall entitle the holder to membership in the Association on his subscribing to the Code of Ethics and paying the usual fee. Members may also be received within certain specified limits, on certificate from foreign medical and surgical societies, or examining boards.

The Association may confer honorary membership at any regular meeting by a two-thirds vote.

Resolved, That in the opinion of the Medical Society of New Jersey, the cause of medical science in the United States would be advanced by the State Societies resolving themselves into *auxiliaries* to the National Association, the district, county, and other societies being auxiliary to the State Societies, and all controlled by the regulations of the National Association.

Resolved, That the delegates from this Society be instructed to present the above preamble and resolutions at the next meeting of the Association at Washington City in May next.

THE MEDICAL SOCIETY OF NEW JERSEY.

A great deal of extra space of this number of the REPORTER is occupied with the proceedings of this body at its meeting at Trenton, on the 26th and 27th of January. The meeting was large, and one of the best that we ever attended. An unusual number of scientific papers were read, which will appear in our columns as we can find space for them. We regret very much that the valuable reports from Essex County are necessarily left out for the present. They are among the best reports of the kind that we have ever seen, and we hope to be able, ere long, to lay them before our readers.

The Medical Society of New Jersey is verging upon a century of existence, and we trust that nothing will occur to cut it short.

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Unfortunately, it is subject to legislative interference, and we understand that, not satisfied with the *tinkering* of the past few years, the legislature will be pressed by certain parties to still further interference this year. It is our personal opinion that the legislature had much better repeal the charter, than do the Society any further mischief by legal enactments.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

This spirited body recently held its annual election of officers, which resulted as follows:—

President, Dr. JOHN BELL.
Vice-Presidents, Drs. N. L. HATFIELD, WM. MAYBERRY.
Recording Secretary, Dr. RICHARD J. LEVIS.
Assistant Recording Secretary, Dr. WM. B. ATKINSON.
Corresponding Secretary, Dr. J. AITKEN MEIGS.
Treasurer, Dr. ROBERT P. THOMAS.
Censors, Dr. JOHN B. BIDDLE, Dr. D. FRANCIS CONDIE, Dr. R. LA ROCHE, Dr. SAMUEL LEWIS, Dr. LEWIS RODMAN.

☞ The eleventh annual meeting of the American Medical Association will be held in the city of Washington, on Tuesday, May 4th, 1858.

EDITORIAL CORRESPONDENCE.

NEW YORK.

NEW YORK ACADEMY OF MEDICINE.

THE annual election of officers of the N. York Academy of Medicine occurred on the 6th January. The by-laws do not permit any votes to be received except for persons who were *nominated* at the previous meeting, and no one can be elected president for two successive terms. Notwithstanding an uncommon degree of excitement had been manifested among the members for a month prior to the election, in confabs in the street, in social gatherings, and in scientific coteries, it was difficult to discover upon what it was based, but it tended to bring together an unusual number of members for the occasion, and the polling of a more than ordinarily heavy vote, but with more quietness and

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decorum than is general, even in some clerical associations that we wot of. After all the out-door excitement, it turned out to be a one-sided affair, the following, by a large majority, having been elected officers for 1858.

President, JNO. P. BATCHELDER, M. D.
Vice-Presidents, C. E. ISAACS, M. D., W. H. VAN BUREN, M. D., JOHN WATSON, M. D., S. C. FOSTER, M. D.
Recording Secretary, C. F. HEYWOOD, M. D.
Ass't Secretary, F. U. JOHNSTON, JR., M. D.
Domestic Cor. Secretary, S. T. HUBBARD, M. D.
Foreign Cor. Secretary, JOHN W. GREEN, M. D.
Treasurer, JAS. O. POND, M. D.
Librarian, J. ROTTON, M. D.
Trustees, Drs. R. S. KISSAM, GALEN CARTER, JOHN H. GRISCOM, E. L. BEADLE, WM. N. BLAKEMAN, BENJ'N OGDEN, JAMES ANDERSON.

Dr. A. Clark was chosen Orator, but he declined the office, and it was left unfilled for the present.

THE LATE DR. JOHNSTON.

New York has, in the person of Dr. Francis U. Johnston, Sen., lost one of the most respectable members of the profession. Though he could not be regarded as a brilliant man, being more noted for his calm, strong common sense as a practitioner, yet he occupied a very high place in the esteem of his fellow-practitioners. He held for twenty years the office of Attending Physician of the N. York Hospital, resigning in 1848. He enjoyed a very large family practice, and his counsel was very often sought by other physicians, in their encounters with disease. We are not aware of his having committed any of his medical thoughts to paper, or that any effusion from his pen ever saw type, yet he was by no means deficient in suggestion at the bedside, and was energetic without being rash. His social characteristics were somewhat remarkable. A quiet and rather reserved manner gave to others, at first interview, the idea of coldness, if not of hauteur; but the ice once broken, a deep and unfailing current of genial good humor, kindly sympathy, honesty, and true heartedness was found below. No man could more enjoy either the hearing or the telling of an anecdote, and none was ever more free from a disposition to wound the feelings of others. He was, in two words, a *Christian Gentleman*. He was 62 years of age.

MORTALITY OF 1857.

The total number of deaths in New York during the year 1857 was 23,196, which was an increase of 1,933 over 1856. The increase was principally in *fevers*, the difference in this class of diseases being 933. In 1857, consumption destroyed 516 more than in 1856, marasmus 255

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more; smallpox destroyed 438, 42 more than the year previous. There were 1509 still-births. J. GOTHAM, JR., M. D.

BOSTON.

THE HEALTH OF THE CITY. DOCTORS ALWAYS IN LUCK.

BOSTON, *Jan.* 1858.

THIS still continues good. Last winter the apothecaries complained of little to do; but this has brought them no relief. The friends who meet you in the street speak of the open winter as "good for doctors." You say "yes," and pass on. Last winter it was the excessive cold that was to make your fortune; and every summer is certain, in the estimation of the public, to bring uncounted wealth to the medical profession. Even the financial trials of the times are flung in one's teeth. A friend, whose misfortunes in trade have reduced him to the pinching poverty of two hundred and fifty thousand dollars, says, with a sigh, "Well, thank heaven, there is one class in the community whom hard times don't trouble; people will be sick, and your business is always good." One remembers this with unexpressed joy, when his collector informs him that, of every ten bills, six cannot be collected till next July, and three more are good for nothing. You feel happy then that you did not waste your time in making out more than half of the bills charged upon your books.

THE CREDIT SYSTEM AND ITS CONSEQUENCES.

I never saw nor heard of so many parturients; notes and children have been coming due this winter without stint. The latter fact is accounted for by the excessive expansion of credits in the spring, with the necessary, but sudden, contractions at the present time. The experience of the past, it is said, will have a beneficial effect in future.

MASSACHUSETTS MEDICAL COLLEGE.

The medical college has been in operation for more than half its term, but no catalogue appears. It is supposed that the number of students is not so large as in former years. The introductory lecture to the course, spoke in exalted language of the fostering care which the college has given to private schools; but to that fostering care the college owes its present poor condition. It was given to one private school which was, and is, a part of the college itself. To their grasping disposition, to their determination to confine all medical teaching to their own hands, and to the studied attempt to prevent others than themselves from giving instruction, is to be attributed their small list of students. There was a second school which helped to feed them, and which bade fair to attract a large number of students to Boston. But it is not in

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active existence just now. The college bought off one of their number, and it is believed, at the time when every man was needed to help them along, and some of the others, discouraged by the bargain, gave up their work. Of course, those gentlemen are unwilling to do anything for the college, and all the students, whom they can influence, go to New York and Philadelphia.

There is a school at Cambridge, conducted principally by professors in the University, who, of course, have the opportunity to collect the recent Bachelors of Arts. It sadly interferes with the Tremont Medical School, because it has a perfectly efficient corps of instructors. An attempt is said to have been made to make them stop work, in part; however, one of their number, the best anatomist, probably, in New England, could not be induced to leave; others, are not the men to be browbeaten, and the President of the University would not interfere, and could not if he would. *Ergo*—the school at Cambridge goes on, and, if I mistake not, the degree of M. D. from Harvard will not always mean that the holder of it got his instruction in Boston.

NEW BUILDING AT CAMBRIDGE.

In the University grounds at Cambridge, a new building for the anatomical and chemical departments is nearly completed. When finished, the opportunities for studying medicine at Cambridge will be ample. The intercourse between students and teachers will be of that intimate character which exists nowhere else. The rooms for work (for they wish none but workers as students) will be sufficiently large and clean, and the supply of material will be sufficient. A good cabinet of human and comparative anatomy, a chemical laboratory, a botanical garden, and hospitals within easy reach, will make Cambridge the centre of New England Medical instruction. Materia medica and obstetrics will have their full share of attention, and surgery will by no means be forgotten. There will be recitations, as well as lectures; and no one will be recommended for practice who cannot pass an examination. Personal knowledge of some of the instructors leads me to imagine that the examination will mean something. New York and Philadelphia must look out for their laurels.

THE LEGISLATURE

is in session, and the regular annual reports will soon be in hand. I have seen none except that of the trustees of the Northampton Lunatic Hospital, from which it appears that the buildings are not yet completed. In the way of improvements upon the grounds about $6000 had already been expended. C. E. B.

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TRANSACTIONS

OF THE

MEDICAL SOCIETY OF NEW JERSEY.

MINUTES OF THE 92D ANNUAL MEETING.

THE Ninety-second Annual Meeting of the Society was held at Trenton, January 26, 1858, at 7 o'clock P. M.

The President being absent on account of illness, the First Vice-President, Dr. I. P. COLEMAN, called the Society to order.

Certificates of Delegation were read and accepted, and the Society organized with the following members:—

President,	T. RYERSON.
First Vice-President,	I. P. COLEMAN.
Second Vice-President,	J. R. SICKLER.
Third Vice-President,	W. ELMER.
Corresponding Secretary,	S. W. BUTLER.
Recording Secretary,	W. PIERSON.
Treasurer,	J. S. ENGLISH.

Standing Committee.—J. WOOLVERTON, T. J. CORSON, and G. R. ROBBINS.

DELEGATES.

Essex.—J. H. Clark, E. D. G. Smith, H. H. Tichenor, and L. G Thomas.

Monmouth.—J. S. English, J. B. Goodenough, Robert Laird, and D Polhemus.

Camden.—W. G. Thomas, S. Birdsell, A. D. Woodruff, and J. W. Snowden.

Hunterdon.—J. F. Schenck, I. S. Cramer, J. A. Gray, and J. Blane.

Burlington.—J. Warrington, A. Elwell, W. Bryan, and N. N. Stokes.

Morris.—W. E. Rust and J. W. Canfield.

Mercer.—J. McKelway, E. I. Grant, C. Hodge, Jr., and W. W. L. Phillips.

Cumberland.—G. Tomlinson, C. Butcher, B. R. Bateman, and E. B. Richman.

Sussex.—W. H. Linn, J. L. Allen, Th. Roe, and L. D. Miller.

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Gloucester.—H. F. Clark, S. T. Miller, L. F. Halsey, and J. C. Weatherby.

Middlesex.—C. Morrogh, J. C. Thompson, H. M. Stone, and J. S. Martin.

FELLOWS PRESENT.

Doctors J. W. Craig, R. M. Cooper, A. B. Dayton, L. A. Smith, J. B. Coleman.

The President having sent his address to the Society, it was

Resolved, That it be read by Dr. Corson at the opening of the meeting to-morrow.

Corresponding Secretary, Dr. Butler, read a preamble and resolutions which were referred to a committee to report to-morrow. The following were appointed committee: R. M. Cooper, J. B. Coleman, and T. J. Corson.

Leave was granted to the Committee on Revision of the Fee Bill to report, whereupon the Chairman, Dr. Clark, submitted their report; and pending the discussion of the same, a motion was made to suspend the further reading and to adopt the whole as the regular fee bill of the Society, which motion was carried in the affirmative.

The Standing Committee submitted their annual report, which was accepted.

Resolved, That $20 be paid to Hon. W. L. Dayton for a legal opinion on the subject submitted to him by the Standing Committee.

Resolved, That the dinner-hour to-morrow be 3 o'clock P. M.

Society adjourned to 9 o'clock to-morrow morning, January 27.

Society reassembled. Dr. Coleman in the chair.

The address of the President was read by Dr. Corson, the subject being "An Examination of some of the Principles and Workings of the Medical Law." The thanks of the Society were voted, and a copy requested for publication.

Drs. Wickes and Abernethy were, on motion, admitted as corresponding members, as were also Drs. Skelton, Bonsall, Dayton, and Miller.

The roll was called, and the absentees noted.

The minutes of the last annual meeting were read and accepted.

The following committees were appointed:—

Nominating Committee.—J. H. Clark, English, Rush, Bateman, Bryan, Blane, Snowden, Hodge, L. D. Miller, H. F. Clark, and Morrogh.

On Treasurer's Account.—L. A. Smith, Cooper, and Craig.

On Unfinished Business.—A. B. Dayton, Canfield, and Woolverton.

The Treasurer submitted his report, which was referred to the Committee on Treasurer's Account.

The Essayist, Dr. Baldwin, read a paper on the "Unity of the Human Species."

The thanks of the Society were voted and a copy requested.

Gov. Newell, and Drs. Freeman, Hall, Grant, and Hance, were invited to sit as corresponding members.

A communication from Burlington District Society relative to remu-

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neration for services before Courts and Coroner's juries was read, and, on motion, laid on the table.

The Committee on Treasurer's Accounts reported the accounts correctly stated, and a balance in his hands of $94 62.

Resolved, That the Treasurer be authorized to sell so much of bank stock as, in his opinion, may be necessary to meet any deficiency in the treasury the present year.

The bill of $3 for the use of the room was ordered to be paid.

The preamble and resolutions submitted by Dr. Butler last evening, recommending to the American Medical Association the adoption of certain rules, &c., were referred to the Delegates to that Association with instructions to submit the same.

The report of the Standing Committee was referred back to them to publish such portion as they may think proper.

A communication on the "Effect of Temperature upon Vaccine Virus," by Dr. Bonsall, was read and accepted.

Dr. J. B. Coleman, Chairman of the 1st Scientific Committee, made a report, which was accepted, and a copy requested for publication. The committee was continued.

Dr. J. H. Clark, Chairman of the 2d Scientific Committee, reported on Venesection, which was accepted, and a copy requested.

The Committee on Unfinished Business reported in favor of the following resolution submitted at the last annual meeting:—

Resolved, That a committee be appointed to inquire into the expediency of the plan suggested at the last meeting of American Medical Association of securing, as far as possible, a record of cases coming under medical treatment, and report at next annual meeting.

The resolution was adopted, and the following were appointed the committee: Wickes, Pennington, and J. H. Clark.

Resolved, That an addition of $20 be paid to the Publisher of the REPORTER.

Resolved, That a committee be appointed to report at the next meeting a plan of raising funds for the Society.

W. W. L. Phillips, Corson, and Wolverton, were appointed.

Resolved, That 7 o'clock P.M. be the hour of holding the next annual meeting.

The Nominating Committee reported, whereupon the Society elected the following officers:—

President,	I. P. COLEMAN.
First Vice-President,	J. R. SICKLER.
Second Vice-President,	W. ELMER.
Third Vice-President,	J. H. CLARK.
Corresponding Secretary,	S. W. BUTLER.
Recording Secretary,	W. PIERSON.
Treasurer,	J. S. ENGLISH.

Standing Committee.—E. B. RICHMAN, B. R. BATEMAN, and N. R. NEWKIRK.

The following were appointed Censors:—

Essex.—S. Wickes, L. W. Oakley, A. Ward, and H. H. Tichenor.

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Middlesex.—C. Morrogh, J. S. Martin, H. M. Stone, and H. R. Baldwin.

Mercer.—J. McKelway, J. B. Coleman, J. H. Phillips, and T. J. Corson.

Gloucester.—C. C. Garrison, J. Fithian, J. C. Weatherby, and S. T. Miller.

Cumberland.—W. Elmer, N. R. Newkirk, E. E. Bateman, and C. Butcher.

Burlington.—F. Gauntt, A. Reid, B. H. Stratton, and W. Bryan.

Monmouth.—R. W. Cook, A. B. Dayton, J. T. Woodhull, and E. Taylor.

Morris.—J. B. Johns, H. P. Green, Vanarsdale, and Stiger.

Camden.—R. M. Cooper, O. H. Taylor, C. D. Hendry, and J. V. Schenck.

Hunterdon —W. Johnson, J. F. Schenck, J. A. Gray, and J. Blane.

Sussex.—A. Linn, D. L. Sayre, T. Ryerson, and L. D. Miller.

The following were appointed Delegates to the American Medical Association: L. A. Smith, S. W. Butler, J. V. Schenck, J. H. Clark, J. S. English, S. Wickes, E. Fithian, R. M. Cooper, J. Blane, and W. Bryan.

H. H. Tichenor was appointed Essayist.

The Committee of Arrangements were continued.

Society adjourned.

W. PIERSON, *Rec. Sec.*

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ADDRESS OF THE PRESIDENT.

FELLOWS AND DELEGATES:—

In the dispensations of Divine Providence you again constitute "the Medical Society of New Jersey;" and here let us reverently pause in acknowledgment of our obligations, and lift up our hearts to Divine Grace that He would make this session harmonious, entertaining, instructive, and the inspiration to increased zeal in pursuing the scientific and benevolent vocation, whose interests have called us together.

You are assembled as the successors of those earnest men, whose high-toned views of the dignity of their profession sought practical expression through this organization. And the foundation of this society in the year 1766, so indicative of the character of New Jersey physicians at that early date in her history, is a fact of which we may well be proud. And in view of the social and political influence of the profession, both past and present, it is a circumstance which need not disturb the self-complacency of the State; for it is, indeed, one of her brightest laurels.

But whilst congratulating ourselves upon our hereditary honors, we are reminded of our consequent and commensurate obligations. The claim that the high professional position of our predecessors is a principal element in the exalted character of New Jersey, devolves upon us, as citizens, the strict maintenance of that position.

But it is not their political and social standing which we are to consider in estimating our obligations. We cannot appreciate their character, nor duly determine our own duties, without a full consideration of the dignity of the profession which they sought to elevate.

The question has sometimes been asked whether this profession be a science or an art. In view of the manifest routine of some practitioners, the inference of men of logical minds and scientific attainments might be that the practice was either altogether empirical, or founded on hasty generalizations unworthy the name of a science. These same judges, too, if acquainted with the cautious deductions of close clinical observation and sound philosophy from the permutations of the many variable quantities called symptoms, and if witnesses, also, of the numberless modifications of treatment based thereon, might well say that the *art of healing is itself a science*, and that the principles upon which it is founded, though called the science of *medicine*, are, in fact, the *culmination of all science*.

One may indeed do much towards alleviating sorrow, mitigating pain, and even healing disease, by following the routine of the unthinking artisan. But our profession, in its proper character, is not an art, or, if it be, is the art of reasoning; whilst the science includes so many compound generalizations from such manifold, material, and immaterial entities and complex facts, that the awfully sublime obscurity of the

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shrine of our inspiration might well awe the boldest and most devout back into the outer court of empiricism.

The physician finds the ceaseless activity of the human organization based upon the principles of mechanical philosophy, and of that higher calculus of chemistry, called vitality, both together subordinate to psychological laws; whilst the investigation of its abnormities of structure and function, and their reduction to health, extend the field of inquiry into almost every department of human knowledge, and give scope and expansion to the highest grade of intellect. It is this characteristic of all scientific investigation—this illimitably expansive effect upon the mind—which principally dignifies the profession. We are revolving in an universe of harmonious and dependent truths, ourselves attracting and attracted, and—inevitable paradox—gravitating continually towards the infinite centre, the Eternal Truth Himself.[1]

But looking a little more closely at the healing art itself, we find that the application of the general principles of vitality to individual cases of disease, like the legal practice, is a continued process of deduction, rendered necessary by the many possible combinations in the complex human organism. And the empiric may be well likened to what our legal friends call a "case lawyer;" for he abhors *the abstract*, and scarcely compasses *the concrete*. The practice of medicine is analogous to what the making of a steam-engine might be, were its materials and motors of a variable nature; if, for instance, the iron was subject to a loss of tenacity, or of the welding property; if either heat or cold could both make and condense steam; if either an excess or diminution of pressure could cause an explosion.

It is an easy matter for mere art to apply to a rickety or fractured bone an apparatus of rectification, or of extension and coaptation; but it is quite another art to procure the conditions of inflexibility or union. It requires some discrimination to determine the conditions of glandular obstruction, or of the quantitative or qualitative variations of intestinal, pulmonary, or uterine secretion. And the same tact is necessary in physical examinations, or in reducing to order the apparent vagaries of the nervous influence, manifested in the complex relations of the organic and animal functions. It requires some nicety of appreciation to determine whether a liver be the subject of a sanguineous or a biliary congestion; whether a dysentery be of a malarious origin; whether a bronchitis be rheumatic; whether a pulmonary congestion require the stimulus of the lancet, or quinine, or both together; whether an hæmoptysis be of local, cardiac, or uterine origin; an asthma be emphysematic,

[1] The acute Greeks, ignorant of, or despising the oracles of the living God, and vainly seeking inspiration at the Delphic Shrine, sought the embodiment of this truthful and sublime, yet incomprehensible idea, that science is an attribute of the Supreme Divinity in their mythical representation of Minerva springing fully armed from the head of Jove. And their poetical genius also represented the consecration of its votaries by her vow of celibacy; whilst in Vulcan's unsuccessful attempt upon her chastity, and by the marks of violence which the swarthy, halting groveller left upon her sacred person, they represented the inevitable contest between science and sordid pursuits, which mar the beauty of the victorious maid. Indeed, the whole mythology is a mournful evidence of the shipwreck of misguided genius. 'Alas! for as it is written: the cross is "to the Greeks foolishness."

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cardiac, or cerebral; an intermittent pulse indicative of gastric, cardiac, or intro-cranial disorder. Some reflection is certainly necessary to determine, in some cases, between hepatization, a pleuritic effusion, and a vomica, filled with purulent secretion; to discriminate between the causes of the various modifications of bronchophony; to interpret clear percussation, or respiratory science; to decide between an obstructed cardiac orifice, and other causes of its disproportion to the current that flows through it. The question is constantly arising whether a particular case is a disorder of the gastric function, a mal-assimilation, a renal disease, a spinal affection, or a coxalgia.

These are all questions of every day occurrence, and by no means the most difficult ones in the healing art. But even here the solutions require not only a recognition and proper estimate of the more obvious symptoms, but (some of them at least) the ready detection of all those expressions of the complexion, countenance, attitude, voice, gestures, and mental states, which are appreciable only by that mental activity—that union of restless observation, with cool deliberate judgment—which is called tact. It was in view of the difficult problems of diagnosis, that Sydenham said, "There was no disease, which, if perfectly made known to him, the resources of his art would not enable him to cure."

But besides these intrinsic characteristics of the profession which raise its practitioners from artisans to philosophers, it has others which, if possible, confer upon them a still higher dignity; characteristics which exalt them, even in the domain of philosophy. The place of medicine among the arts and sciences is fixed by the position of man in the creation. It is ours to scan the leading instrument in that choir, whose anthems commenced when the morning stars first sang together. It is ours to repair the thousand strings of the broken harp, and to assist in restoring the harmony of creation.

> "From harmony, from heavenly harmony,
> This universal frame began;
> From harmony to harmony,
> Through all the compass of the notes it ran,
> The diapason closing full in man."

Universal admiration rested on the scientific corps, who, on board the Niagara, watched the electric undulations from the world's financial centre, when the convulsions of old ocean were paralyzing the right arm of commerce, and snapping the great sympathetic nerve which was to harmonize the functions of both hemispheres. What, then, is the dignity of his position? what ought to be his character? to whose care is committed the thread of life, along which flashes that intelligence and moral sensibility which bind this world to that which is "unseen and eternal?" This care requires something beyond material philosophy, for it is the regulation of the mental and moral as well as the physical functions. It is to "minister to a mind diseased," a soul in ruins, and, in its fall, toppling down its poor clay tenement. In short, our problem is "*mens sana, in sano corpore.*"

And ought the aching head, the fever-tossed body, with the grief of sympathizing friends, the mute despair of the agonized wi[illegible] stricken little ones, to be committed to the tender mercies o[illegible]

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or selfish insensibility? Can such a character consist with that benevolence which the world has ever been ready to accord to our profession; or with that of the Great Physician who ever "went about doing good?"

To sum up the whole subject, when properly and zealously employed in our profession, we are fulfilling the law of our intellectual and moral nature, and the great end of our creation—the law of universal benevolence. And thus employed, our reward is continual self-improvement and rational enjoyment.

But whilst the contemplation of the ideal excites a pardonable complacency, the real causes us to "hide our diminished heads in confusion." This is especially true when we glance at those who grovel in the lower walks of the profession; and it is the mortifying consciousness of many whose aim is highest, whose zeal is most ardent. There is, indeed, in the history of the great names of medicine, much to justify all that is claimed for her, and everything to encourage the loftiest aspirations of her sons. But elevating and expanding to all the faculties as our profession is, still the sad proclivities and painful necessities of human nature, tend to drag its votaries away from its sublime truths and awful mysteries, down into the thronged avenues where self only is considered, to mix and strive with those who would "live by bread alone"—who, laboring for the things of a day, and groaning under their burdens, know not that science only is the true rest—"heaven's antidote for the curse of labor;" the eternal pursuit of the eternally blest. Then, to the lasting honor of our predecessors, be it said, that to check this humiliating and degrading tendency, they founded the first medical society in America;[1] the society which we now constitute, and whose honor is in our keeping.

With this general understanding of the trust reposed in us, let us consider what will be adequate for its execution. The solution of this problem, however, will be greatly facilitated by a previous glance at the history of the society.

The first organization, in 1766, was entirely voluntary and independent of the legislature: no mention of such an organization occurs in the statute book until the year 1790. For the particulars of this organization, and in proof of its high-toned views of the dignity of the profession, and of its noble self-reliance, I refer to Dr. Munn's History of the Medical Society of New Jersey, published as a part of its transactions, in the Reporter for July, 1848. It is worthy of remark, however, that the founders disclaimed all direct interference with the membership of the profession, rightly considering its own high standing and continued progression, together with the control of its own membership, as the best guarantees of the public welfare. The articles of association indeed express the doctrine then, as now, prevalent, that the State has an entire control over the whole faculty, which ought to be exercised for the protection of her citizens. And the history shows that, in the year 1772, they succeeded in inducing the colonial legislature to pass an act regulating the practice of medicine, which was, in 1783, substantially re-enacted by the State. This act vested the licensing power in

[1] Munn's History of the Med. Society of N. J.: see Medical Reporter.

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at least two Justices of the Supreme Court, who were required to examine candidates, with the aid of two such physicians and surgeons as they might select. In 1785 a supplement was passed, empowering the Justices to depute the examination to such persons as they might "judge well qualified and competent to the business," upon the faith of whose certificate of approval they should grant license.

Thus the licensing power was intended to be left in the hands of the judiciary, where, if indeed a just power, it properly belonged. And when the first charter was granted, in 1790, it contained no repealer of former enactments, nor any grant to the society of concurrent or collateral jurisdiction. The object of the society in seeking a corporate existence was not to obtain this control, but "to enable it to make laws and regulations for the admission and government *of its own members;* to preserve with safety such valuable curiosities of the animal, vegetable, and mineral kingdoms, as may be discovered in this country, or sent to it from abroad; and to record and preserve its experiments and discoveries, and the success of its various investigations, so as to enable it more fully to carry into effect the good purposes of its organization.

We come now to the consideration of the legislation of 1816, which was a recharter; the old one having expired by limitation. This new charter fundamentally changed the organization. Experience had proved that the State alone could not exercise the right of control intelligently or beneficently; for the examinations could be conducted only by experts. And further, as the approval of the examination (which we have seen came to be conducted *non coram judice*) controlled the license, the whole power might, nominally, as well as really, be lodged in the hands of the faculty. But as the reputable position of the State Society made it expedient to lodge this power there, it was necessary, in justice to the several districts of the State, to incorporate the local societies, and give to them the power of examination of their own candidates and of issuing certificates, as authority for the President of the State Society to grant licenses. A modification of this charter in 1818 made still more radical changes in the constitution, by making the society a representation of the district societies, and giving it the entire control of the admission of candidates, through censors of its own appointment from among the members of each district society. Thus the whole character of the State organization was changed. Its permanent membership was abolished, which was soon seen to be a great evil. To remedy this, a supplement, obtained in 1825, restored this permanent membership by incorporating the College of Fellows, making them also members of the society, and giving to the whole organization, upon the separate approval of the college, the authority to grant the degree of Doctor of Medicine.

I pass over the supplements of 1807 and of 1823 as having no special importance, except for carrying out the acts to which they were amendments. The law of 1830, also, was merely a re-enactment, a renewal of the charter without limitation as to time.

In 1850 a very praiseworthy effort to establish a professional widows' and orphans' fund originated, an amendment of no importance, however, to the present purpose.

We are now brought down to the legislation of 1851 and 1854, which

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I couple together, because they are of similar import. The one is an inauguration of a new principle, which is more fully, though not completely, embodied in the other. The society is too familiar with this legislation to require a full recital of its provisions. The principle contained in these acts is that of non-intervention, the denial of the doctrine of control, and the abandonment of the profession to the economical laws of supply and demand and the common law of responsibility. This is, indeed, not fully developed, but I need not consume your time in showing the presence therein of its germ.

With an apology for trespassing on your time, I will now repeat a few of the important facts embodied in the history, and then proceed, as briefly as possible, to the induction of the important principles on which they depend. The history of the society is a logical sequence from the doctrine of license. Its connection with the legislature has been an *experimentum crucis*, to determine our road to self-improvement, usefulness, honor, and happiness.

The facts are these: 1st. The first State society (which, be it remembered, was a voluntary association), disclaiming direct control over the practice of medicine, was fully alive to the paramount scientific and benevolent claims upon it.[1]

2d. This vitality made it most painfully sensible of the deplorable effects of professional ignorance and pretension, and induced it, in obedience to its purely benevolent instincts, to direct the drowning community to the straws of legislative enactments.

3d. Necessity having lodged the control of the practice in the hands of the society, as the best exponent of the opinions of those sole judges of professional qualifications, the medical faculty, its permanent character was lost in the effort to adjust the balance of power, and give to every part of the State an equal voice, and its valuable time was entirely consumed by the details of the license system. Indeed, when the permanent membership was abolished, the scientific character of the society necessarily went with it. "Uninterrupted intercourse and communication of sentiments, scientific correspondence with other societies, the cultivation of liberality and harmony of views," and the other objects of pursuit recited in their articles of association, were clearly impossible among those brought together for only one brief period. The society was reduced to the character of a mere machine—a common seal of the district societies.

4th. The restoration of the permanent membership in the persons of the Fellows added a nucleus, around which the society could crystalize in beautiful isomorphism, and, with a high refractive power, analyze the rays of intelligence emanating from the districts. The impetus thus given soon caused such a construction of the powers granted as has virtually given to the county societies the regulation of the practice, and left this organization free to work out the problem of professional elevation. And this fact of emancipation is corroborated on the pages of the REPORTER, by the "Transactions of the Society," which not only give evidence of the zeal and ability with which it returned to its mission, but of another evidence of going back to first principles, viz: to cor-

[1] Munn's History.

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respondence with other societies: the press only taking the place of the pen.

5th, and lastly. The society having attained a position where, if sustained, it might (if the theory of license be true) have exercised a really beneficent control, found its commission suddenly revoked, through the influence of those whom it sought to control. As soon as it had obeyed its scientific instincts in a return to the principles of its first organization, and, in consequence, had begun to scrutinize candidates more closely, it found the collegians removed from under its control, and the new doctrine inaugurated of abandoning the profession to the volitions of the community in their individual capacity.[1]

Thus the history shows that, at the first adverse petition, the society was deserted by the legislature. They, however, were only the exponents of the wishes of the people, whose hitherto passive resistance to the doctrine of legislative interference with the profession, was thus changed to active hostility. In view, therefore, of these facts, it is desirable that in treating the loathsome leprosy of the profession, the society should abandon its faith in specifics, and confine its attention to

[1] The curious legislation of 1851, when examined by the contemporaneous history of the society, proves all these assertions. A slight glance at this history will not be amiss in this connection.

At the annual meeting in 1849, the president, Doctor Pennington, delivered a very able and scholar-like address, entitled "Science, Sound Philosophy, and Cultivated Intelligence the True Basis of Medical Reputation," which immediately turned the society's attention to the elevation of the standard of general education of candidates, and resulted, at the same session, in the appointment of a committee to revise the charter and by-laws, of which Doct. P. was made chairman. At the next semi-annual meeting, Doct. O. H. Taylor, Vice-President, addressed the society specifically, on the existing system of Medical Education. In this the medical colleges received a most unmerciful but just and well-deserved scoring. Under the influence of this address, on motion of Doct. Parrish, the society formally resolved in favor of boards of examiners, separate from the medical faculties of the different medical colleges. At the annual session of 1850, the Committee on the Charter reported several amendments, principally directed to raising the standard of general education, which amendments the society directed should be urged upon the attention of the legislature. Of course, all these proceedings came to the knowledge of the colleges through the published "Transactions." And, as a consequence, when the committee came before the legislature, they were met by the colleges in full force. The society,

"Like an eagle in a dove-cote,"

had fluttered their parchment plumage. And although the committee succeeded in regard to its own amendments, yet the adverse influence procured the passage of another virtually exempting certain "*first class* colleges from the provisions of the whole law. The society, conscious of no motive but the sentiment of its motto, "*opiferque per orbem dicor*," on being thus misconstrued and deserted by those whom it sought only to serve, has stood upon its dignity, and has not since obtruded this subject upon the attention of the legislature. However, after another address of Doct. Taylor, upon the same general subject, the society resolved to invite the legislature thereafter to be present at the opening of each annual meeting, which invitation, however, was never accepted until after the session of 1854. The wedge was already entered under the license system, and it toppled to a fall. At the session of this year, the legislature was beset both by regulars and irregulars; the subjects of fear, and those of envy and conscious error. The result is well known.

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rational therapeutics. In other words, let it adhere to the course so happily inaugurated in 1849, viz: seek the elevation of the society, as then recommended from this chair, by means of "science, sound philosophy, and cultivated intelligence."

This, as has once and again been said, was the society's original ground, and the shifting of it is now seen to have been as wrong in expediency as it will appear false in principle. Whilst the society endeavored to control only its own members, its organization was healthy, its functions undisturbed. But from the time when it first sought to ally itself with the civil power, for the purpose of professional elevation, down to the year 1825, its proper functions were suspended, its growth checked, and its usefulness abridged. But from this date of the return to first principles, by restoring the permanent membership, it began to rise towards its true dignity. Now, however, its enemies have thought to clip its wings, and bring it down to their own level; but they have only removed a clog. Both the State and district societies are rapidly rising in attainment and aim: and it is safe to predict that they will soon soar far above the mists of superstition, the clouds of ignorance, and the storms of self-interest, suspicion, and envious detraction.

But it may be answered that the society has not been paralyzed, either in zeal or efficiency; or if it has, the license system has not been the cause. If it be indeed true, if this society is satisfied that it has fully come up to the standard of its obligations, nothing further need be said; but if it denies the connection between its retardation and this asserted cause, by reason of the accidental historical connection of the two, I am prepared to join issue, and to say that the one was the logical consequence of the other. And the reasons are briefly these: First, the details of the system occupied all the time of the society; Second, its standard was lowered, for it was the professional attainments of some *ideal tyro* whose standing was constantly used in the actual decision as to the right of candidates for medical honors to enter to an equality with themselves. The words of the license are, "well qualified." This is more particularly true of the district societies, and of the former constitution of this. And it has been proved by the history, that the addition of the College of Fellows *did raise* the standard of medical education.

It may, however, be still further said, that, admitting all the premises, yet as the doctrine of license is true, and the authority must vest somewhere, and in this society, as a corollary of the doctrine, it follows that the connection must not be dissolved, however disastrous. The society has, indeed, always advocated this control; but at first, abjuring its direct exercise, it procured its lodgment in the Supreme Court. It afterwards assumed it, however, both as an historical and logical necessity. The pertinent question then is, Shall the society adhere to the doctrine of legislative protection? Shall Science or shall License fall? *Judicat Apollo; Minerva Triumphat.* The profession being judge, let Science have the victory.

But though enlightened professional judgment should thus answer, justice to the community may require us to go further, and show that

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the law to regulate the practice of physic and surgery is totally inadequate, and, therefore, on the theory, a fraud upon society.

The preamble of the act of 1783 (which is a substantial rehearsal of that of 1772), is as follows :—

"Whereas many ignorant and unskilful persons do take upon themselves to practise physic and surgery in this State, to the endangering of the life and limbs of the good subjects of the same, who have been persuaded to become their patients; *therefore*, to prevent such evils in the future, &c."

In regard to the doctrine of this preamble and its premises, it may be said generally that ignorance, want of skill, and unjustifiable assumption are clearly predicable of many who profess the healing art; also undue persuasion, the ground of which is ignorance. Still the doctrine is a fallacy, because the conclusion does not follow; the kind of protection contemplated is utterly inadequate.

Let the argument be stated logically; let the premises and conclusion be substituted in the *trinomial theorem of deduction*, which, unlike its binomial algebraic cousin, is absolutely determinate. Thus stated, the argument would stand as follows :—

Some sources of danger to human life are grounds for the exercise of the just protective power and duty of government in the premises.

The ignorance and consequent undue persuasion of people in regard to the choice of physicians is such a source of danger.

Therefore the legislature is empowered and required to enact a law to "regulate the practice of physic and surgery;" which is the title of the existing act.

There are two answers to this doctrine of authoritative control, either of which is fatal. The first and the best is that the conclusion of the syllogism is inconsequential. The kind of interference contemplated by the act is utterly inadequate to protect, and therefore not the required exercise of protection.

And first, it must be admitted that it does not keep the incapable out of the ranks. Indeed every physician's experience proves that, whatever he may once have thought of his early attainments, he was, at least at first, unentitled to any authoritative indorsement of his proficiency. It will very properly be said that this is unavoidable in humanity. But the point is, that the license serves to perpetuate this evil, and to transform the early deficiency into culpable ignorance. The proof is in the appeal to fact. It manifestly encourages indolence and carelessness, especially in all those who place a high value on the license, who are found to be there without self-reliant knowledge, cultivation, and professional aspirations. It is by no means unheard of that such a man should carry the diploma of this society in his pocket, to exhibit as the best evidence of his proficiency and skill. It is not too much to say, that in the hands of such a man, no license ought to be authoritative.

But further, this defect opens the door to wilful, presumptuous ignorance. I appeal to the facts; and I need not bring much evidence on the point, my own observation cannot be singular; and I have seen, and do see continually, not only my own slender attainments, but such instances of gross mal-practice among the subjects of license, as make one

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blush for his profession. It has been my sad lot also, to hear of acts of rash ignorance, so presumptuous, so gross, so brutal, that I hope they may forever be buried in oblivion. But if their victims could speak, in the language of Hamlet's ghost, they would say to the young aspirant after the more than regal honors of the profession,—

> "But that I am forbid
> To tell the secrets of my prison-house,
> I could a tale unfold, whose lightest word
> Would harrow up thy soul; freeze thy young blood;
> Make thy two eyes, like stars, start from their spheres;
> Thy knotted and combined locks to part,
> And each particular hair to stand on end,
> Like quills upon the fretful porcupine.
> But this eternal blazon must not be
> To ears of flesh and blood."

Nor can the law be enforced. True, the District Society of Sussex County will ask you to revoke a license at this very session; but it is only to clear our own ranks; it knows that the diploma of the individual is a distinct ground for a new license. And if it were not, the law could not be enforced against him; the revoking would operate only as a bar from the local societies. Sussex knows this by experience.

The late doctor Samuel Fowler, of that county, who possessed a well-merited professional reputation, co-extensive with his acquaintance, and whom mineralogy has made famous, originated the Sussex Co. District Society, and was notoriously the direct cause of many prosecutions for neglect of license, and of forcing the delinquents into compliance with the law. Nothing, however, but his undeniably vast professional superiority sheltered him and his practice from a terrible storm of public indignation. Since that time, the society has publicly notified several delinquents to take out license; but so notoriously has the past inspired them with a wholesome dread of prosecutions, that these delinquents pursue the even tenor of their way along the dead level of mediocrity. In the face of these, and a hundred similar facts throughout the State, it is idle to say either that the community desire the protection of the license law, or that they are willing to sustain it.

But still further, the inadequacy of the protection is directly proved by the fact that the intelligence, and much more, the mass of society is active in sustaining quacks. In whose dwellings are their nostrums found? What class supports the oft exploded, recently revived absurdities, that taint the pure air of heaven, and add noxious vapors to the "thousand ills that flesh is heir to?" In whose hands did the gifted, but misguided, Crawford fall? And it is absurdly manifest that the vendors of quack nostrums rely upon the certificates of men of mark in private life, of those in official station; of many in the learned professions—upon "the Napoleon of surgery" even. But lest all this should give no weight to the argument, let us throw into the scale "the infinitesimals." Surely now it cannot be said that the case is not proved; Hahnemann's similitudes have cured its defects, and Apollo bows to Mercury.

Finally, the existing protection *cannot* be adequate. Charlatanry may be diminished by adequate means, but never cured. It is not even peculiar to our profession; it abounds everywhere. It dwells in the work-

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shop and in the field; it hangs out its painted wares along the streets; despite every precaution, every penalty, it daily hurls its victims from the dizzy height, or drowns them in the deep; it crawls into the school-house; it climbs to the forum; it stalks into the legislative hall; now it nestles underneath the ermine; sometimes, alas! it skulks behind the sacerdotal robe: and here, joining hands with its brother in the healing art, the worthy pair cowardly confront the imperfect, fading image of their Maker beside the awful realities of the grave.

But our own profession is its favorite retreat; here it is so much easier to seem than to be. The reason for quackery is the approval of the undiscriminating. One basis of it is that superstitious awe, with which the ignorant regard those who presumptuously assert a control over the manifestations of life. And well may they so regard such audacity; true science earnestly abjures control over that awful mystery. Indeed it most awes those who with scalpel and microscope, and other analytical appliances, penetrate most deeply into the recesses of its hiding-place.

Again, others, who ordinarily manifest both acute perception and cultivation, when they view the expanded field of inquiry and consider the research necessary even to a low degree of probability, contemptuously ignore the whole science. Imagining that medicines obey no *known* laws, and that their properties are discoverable only by accident, they are ready to throw themselves into the hands of boasting empiricism rather than modest philosophy.

Again: others, if they could properly express their sentiments, would say that therapeutics cannot be a science; that there cannot be a generalization of the stores of experience; because every disease is a separate existence, and, if curable, must have a specific. Or, if they should attempt any generalization whatever, would go back to the doctrines of the far off past, and call all remedies carminatives.

These classes are the *nidus* of this large class of parasites upon the body politic. And the extent and hopelessness of the evil is in inverse ratio to the proportion of these to the rest of the community.

Least of all, can it be remedied by this futile system, which blinds the community and the profession also; and which, alas! is occasionally a too pertinent illustration of the doctrine of *similia similibus curantur*.

So much as to the adequacy of the license law: the conclusion of the syllogism is plainly a *non sequitur*.

And here, perhaps, this discussion ought to close, inasmuch as it has (with all deference be it said) established the fallacy of the reasoning on which this law is based.

In establishing the utter inadequacy, in fact, and in reason, of the kind of protection contemplated in the act, the truth of the doctrine of license is successfully contradicted. To extend the arguments further, in a question of this kind, might be said to be a violation of good taste; and were this audience of the forum, it would be ridiculously absurd and presumptuous. But it may also be said that, in a world constituted by Infinite Wisdom and Goodness, whatever is inadequate to a right end, must be wrong in reason. And, perhaps, where the issue so nearly concerns us, we may be pardoned the attempt to trespass

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into the province of the law, in an effort to discover where the wrong lies.

It must be admitted that the State would have a control over the whole matter, in the exercise of the protection of the common law, if there were no statute of this kind in existence. But is not this law supreme? And have not the community an inalienable right to its enforcement? Does it not lie back of the social compact, in the everlasting principles of right, to wit: the Divine Decrees? Indeed, it is admitted by most jurists that the soundest and most comprehensive principles of the common law are to be found in the Jewish economy. It does seem at least probable that the social compact is grounded on the fundamental principles of the common law. If so, society enforces its sanctions not as a sovereign but as a subject. But it exercises its authority under the social compact as a sovereign. Therefore, it is as a sovereign subjected to a higher power, to wit: the principles of the common law.

It is, however, submitted to our legal friends whether a licensed physician could be subjected to damages under the common law, by reason of ignorance or want of skill? For the legislature indorses his capacity, which, if not authoritative, is no protection. He is answerable for neglect to use his knowledge and skill. But if assiduous in his attentions, acting in manifest good faith, and according to the theory of license, in possession of the requisite knowledge and ability, how can he be held liable? Is not, therefore, the victim of malpractice deprived of one remedy, and that the best, under the common law?

Again, how far is the State pecuniarily responsible for the effects of its authoritative indorsement?

Again, the license law imposes a penalty for its violation, because it ignores all other physicians. The community, therefore, employ them at their own risk; all the remedy they have is in the forfeiture of the fees. But there are many communities in which licensed physicians will not reside; and because either of the large district occupied by them, or its isolation, none can be obtained in the emergencies specified by the act. They invite some ignorant man to settle among them, who remains until he loses the protection provided for such persons in emergencies, and is then subjected to a penalty for every prescription. If this be law it is not substantial justice, nor is it humanity. But do not all these facts exist contrary to the common law jurisdiction?

But in all sincerity it may be said that the license law is utterly inadequate to the contemplated protection; and ought not to stand. Were it otherwise, were it even in the same category with the tavern license law—doing some good—perhaps we ought to acquiesce in its provisions, notwithstanding its humiliating character. But as it is, let every man be free to show his true character, and the soundness of his philosophy, without the dogmatical contradiction of a system, to which he considers it beneath his dignity to submit. And, for the rest of the unlicensed, if they be ignorant, they deserve pity and not persecution. If they be the presumptuously ignorant and designing, let the common law have its course. If they be only the ignorant victims of their own conceit, leave them to oblivion. Their influence will be small indeed.

If the community desires protection, it has, in addition to the law,

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an adequate remedy in public opinion. This is, after all, the best kind of control, and one continually exercised. What physician has not dreaded its efficiency? And how terribly does it sometimes inflict its sanctions; for there are flagrant instances of professional incapacity for "scorn to point her slow unmoving finger at;" and these judgments are indeed authoritative; for they are the intuitions of universal conscience; "*Vox populi, vox Dei.*"

Besides, in this matter, there are direct responsibilities to Him "in whose hands our life is," and who has made us "our brother's keepers." The disregard of these; the carelessness of people in selecting their physicians; and the rashness or wickedness of practitioners in assuming their duties; bring down upon the community, in the disastrous consequences of malpractice, the terrible sanctions of outraged divinity. And the warning is to all: to the charlatan, the empiric, the wilfully ignorant, the immoral physician—to the agonized friends even. And the voice of that warning is, "At the hand of every man's brother will I require the life of man."

But I have trespassed upon your courtesy, and wearied your patience, and therefore hasten to a close. I have shown that it is not the province of legal enactments, like the one existing, to maintain the standing and usefulness of the profession, but the contrary—I have shown also most fully, their entire inadequacy to protect the community, and the want of foundation for them in principle. I have also endeavored to exhibit the true standard of our obligations in and to the profession, and have given some faint shadowings of its scientific outlines and proportions, and have pointed you, in your own history, to the best means of filling out the picture.

And now I sum up the whole, in the law of love to God and man. "For we are indeed but the honored instruments of a superior power—after all, 'It is God who healeth our diseases, and redeemeth our life from destruction.'" The Esculapian doctrine is a positive reality: the shrine and the God are no longer a heathen mythos. Our exemplar is the great Physician. He points to the portal of his temple, and says to his disciples, "Behold, I set before you an open door, which no man shutteth." Enter, from the realms of turmoil and strife, the purlieus of envy and malice. There, safe from the wild gusts of passion; sheltered from the fierce breath of detraction; in the conscious discharge of the Master's commands, "seek that peace which the world cannot give, and which it cannot take away."

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REPORT OF THE STANDING COMMITTEE.

In presenting their annual report, your committee feel great gratification in being able to announce that the citizens of our State have, during the past year, enjoyed an unusual exemption from the various "ills that flesh is heir to." We have been spared from any of those pestilential epidemics which, at times, have swept over our land, destroying our fellow-beings by scores and hundreds, desolating hearth-stones, and cankering the warm affections of the human heart by striking down those whom we loved and who blessed us with their love. Former committees have had to report the ravages of such fearful epidemics, which, for wise purposes that are beyond human ken, are occasionally allowed to rage and devastate the land, by "Him who doeth all things well." But it is our pleasant duty to report that, while seed-time and harvest have prospered, Hygeia's sway is now, and has been during the past year, more than usually absolute, and that we are at present in a remarkably happy condition of health and prosperity. In fact, in many sections of our State, there has been so little sickness that physicians are almost the only mourners; and finding themselves, like Othello, occupationless, and sadly reflecting upon the anemic condition of their pockets, they have been well nigh tempted to "sink the shop" and get into some paying business.

And again, the financial epidemic which has so lately visited us, and which yet "like a wounded snake drags its slow length along," has had a decidedly debilitating effect upon our profession; for people have become economical even in the matter of medical attendance, so that headaches and stomach aches, sore digits and troublesome bunions, with other trivial ailments, which, in better times, required the services of "the Doctor," now have to yield to domestic treatment. And those dear old chronic cases, which formerly were the delight and profit of young physicians with large expectations and small practice, have, in a great measure, forsaken us; so that we may well exclaim, in lugubrious accents, "The times are out of joint."

Your committee feel painfully conscious that their report is imperfect and defective; but while we are willing to admit that, in a measure, that may be attributed to a lack of ability and energy on the part of the reporters, yet the censure ought also to fall upon those district reporters who have failed to fulfil their duty. There are some fifteen district medical societies in the State, but we have received reports from only two district reporters. We addressed letters to physicians in different parts of the State, asking them to give us such information as would be of use to us, and it gives us pleasure to state that these calls were, in several instances, responded to, by which means we have been

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put in possession of many interesting facts which we could not otherwise have obtained. Inasmuch as it is highly important that the report of the Standing Committee should be full and perfect, embodying information from every section of the State; and inasmuch as the present system of district reporting has been found to be exceedingly insufficient and unsatisfactory, your committee would respectfully ask this society to consider whether some beneficial change could not be made from the present mode of reporting, whereby the Standing Committee could obtain full and thorough reports from each and every section of the State.

It has been suggested by former standing committees that each district reporter should be an ex-officio member of the State Society. This might be a wise regulation, and, in order to secure a performance of duty, it might be well to add the saving clause that they should be considered members of the State Society *only* on condition that their reports shall have been forwarded to the Standing Committee on or before the first day of January of each and every year. It might also be advisable to adopt a system of rewards by awarding to the author of the most thorough and complete district report some premium or complimentary notice, the Standing Committee being the judges in the matter. Your committee would merely throw out these hints, without offering any advice upon the subject, but, at the same time, they would earnestly recommend the society to take some action in regard to this matter, which so evidently needs a reformation.

In compliance with the direction of the State Society, we submitted the question, "What constitutes a valid license under existing laws?" to the Hon. Wm. L. Dayton, whose extensive and thorough knowledge of all matters appertaining to law pre-eminently qualify him to give an authoritative decision upon this point, and we herewith submit his written opinion.[1]

Your committee feel a great degree of regret in having to present before this society two cases of irregularity.

One is that of Dr. Joseph Hedges, of Stanhope, Sussex County. An extract from the minutes of the Sussex County Medical Society was forwarded to us by the secretary of that society, who also stated that the case would be brought up before this society at the present meeting.

The other case of irregularity is that of Dr. Lessey, of Hunterdon County. No official report has been received from Hunterdon, but we learn through a letter from Dr. Wm. Johnson, of White House, that the District Medical Society for that county has stricken the name of Dr. Lessey from the list of members.

We regret that we have received no report from *Mercer County;* we will, however, as far as possible, fill this deficiency by giving the result of our own observations, which have been chiefly confined to Trenton and its vicinity.

During the month of Jan. 1857, there were no less than five diseases prevailing as epidemics in the city of Trenton, to wit, scarlatina, rubeola, erysipelas, pertussis, and cynanche parotidea.

The cases of scarlatina, which were quite numerous, were of the

[1] See Report A.

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anginose variety, and were in many instances fatal. But few cases of scarlatina simplex occurred. Almost every mode of treatment, as advised by various authorities, was resorted to; but, as a general thing, those cases which had the least treatment terminated most favorably. In fact, in our present imperfect knowledge of the pathology of this disease, it seems that the least we do in the way of medication is the best.[1] Even the administration of cathartics, which has been and still is a very common practice, seemed in many cases to produce a decidedly injurious effect.

The erysipelas epidemic, which prevailed for several months, was the most severe and extensive that has visited this vicinity for many years.

The constitutional symptoms were very severe and distressing, and the disease attacked every age, sex, and condition. Many deaths occurred among parturient females, the disease associating itself, very insidiously, with puerperal peritonitis, and proving extremely unmanageable. The treatment of erysipelas, as here practised, consisted in the internal use of tonics (generally some preparation of Peruvian bark) and the external use of nitrate of silver and tincture of iodine. One case which fell under the care of one of your reporters, was interesting from its severity, long duration, and successful termination. M. W ——, a young man, who had just recovered from a very severe and prolonged attack of angeioleucitis, affecting the glands of the groin, and resulting in profuse suppuration, was attacked on the third of April with a very violent chill, which was followed by a high grade of febrile action. It was supposed that this was a precursor of remittent fever, as that disease was prevalent in this district at that time. But on the next day it was discovered that erysipelas had attacked the scrotum. This increased so rapidly, and the symptoms became so violent, that the case seemed to be almost hopeless. For four or five consecutive days he was entirely unconscious of everything, raving in the wildest delirium, not recognizing any of his family, and requiring to be closely watched, and, at times, forcibly held in bed. The local disease was still increasing in severity, but although a light erysipelatous inflammation (resembling erythema) extended over part of the abdomen and sides and down each leg as far as the knee, the disease seemed to be centred in the scrotum. When the patient passed out of his delirium, he was left in an excessively debilitated condition, and chalybeates and vegetable tonics (chiefly sulph. quinia) were administered, but the local disease continued very stubborn and unmanageable.

The disease seemed to laugh to scorn all measures used to palliate or eradicate it; a strong solution of nitrate of silver was used, but the most reliance was placed in tincture of iodine constantly and freely applied.

But, notwithstanding all the efforts used, extensive suppuration ensued, involving the cutis and subjacent tissues of the scrotum, and causing so

[1] After a full and free interchange of opinions on this point by the members of the Society, there was, we believe, but one member who sustained the committee in the views here given expression to. The Society therefore emphatically disclaims any responsibility for the opinions on this subject advanced by the committee, and its disclaimer is hereby entered by authority of the Society.—[Ed. Med. and Surg. Reporter.

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much destruction of these parts as to leave both testes bare, although the raphe of the scrotum was not destroyed.

Appropriate applications, such as oak bark and yeast poultices, were used to arrest the further progress of the suppuration, as it was feared by the medical attendant and the consulting physicians, that the testes would become involved and the patient sink under the debilitating effects of the disease.

This fortunately did not occur, and, as the patient began to grow better, the parts were brought together by adhesive plasters, drawn as tightly as the patient could bear, and the severed surfaces were soon united by healthy granulations, leaving the scrotum so well restored as to give the patient no inconvenience.

He was discharged as well, on the 31st of May, having been sick fifty-eight days, during the greater part of which time he was confined to bed.

During the summer we were visited by those diseases incident to the season, which in a large majority of instances are caused by people gorging themselves with such indigestible trash as would upset the *dura ilia messorum* and by foolishly exposing themselves to such morbific influences as would seriously injure the constitution of a Mississippi boatman.

Bowel affections prevailed to some extent, but they were not marked by any noticeable peculiarities and generally were very easily managed.

During the summer and fall months, numerous cases of remittent fever occurred, which were chiefly marked by their persistent and protracted convalescence. During the latter months of the year the tendency has been to health, and nothing has occurred worthy of especial notice.

From *Cumberland County* the reporter, Dr. E. C. Bateman, states that "we have had another year of unusual good health, particularly amongst children; never have we known so little sickness and so few deaths." He states that measles was the most fatal of the diseases which have prevailed in that district, and there, as in other parts of the State, an unusual number of children and adults had the disease a second time. Very few cases of summer complaints occurred. Bilious and typhoid fever were of a mild type. Dr. B. states also that phthisis pulmonalis appears to be on the increase in that district, but he does not assign any cause for this increase.

From *Gloucester County*, the report of Dr. Graham, after having stated that exanthematous diseases were very rife, says: "But *the* exantheme, that one most wide-spread, insidious, and fatal, was erysipelas. This disease prevailed as an epidemic throughout Gloucester County, and many a memory will often, and with sadness, recall its ravages during the winter of 1856–7." "Accompanying this epidemic, and observed in many cases, was an obscure form of inflammation, as to the exact character of which different opinions obtained among our most experienced practitioners." This disease the reporter states to have been so similar to erysipelas as either to be the same or at least its cousin-german, and he propounds these pertinent questions: "Whether is there such a thing as internal erysipelas? Is it or not a disease diagnosed by cutaneous inflammation, and from which mucous tissues are exempt?" The solution of these questions is a matter of vital importance to a community in which erysipelas and kindred disorders are constantly occurring, as a

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proper understanding of this matter is necessary to enable us to treat such cases rationally.

Dr. Graham states, upon the authority of Dr. Weatherby, that the summer and fall diseases (chiefly bilious) of 1857 have been much more abundant, in the neighborhood of Clarksborough, than during the corresponding period last year.

For a very interesting case of prolapsus uteri, we would refer to Dr. Graham's report.

No official report has been received from *Hunterdon County*, but we are happy to be able to supply the deficiency from a full and interesting report from Dr. Wm. Johnson, of White House. In speaking of pneumonia, Dr. Johnson deprecates the use of the lancet in that disease, and he further says, that "those large drafts on vitality which were once thought necessary for its cure, and even by some practitioners thought to be the sheet-anchor of safety to the patient, are improper; pneumonia can be cured more readily without the lancet than with it." He places great confidence in Norwood's tr. verat. viride, and he says: "In all cases of exalted arterial action, and where the circulation needs bridling, we have in the veratrum viride a resource which puts the lancet, tartar emetic, and digitalis far in the background."

We found great advantage in using this medicine, also in rheumatism, palpitation of the heart, typhoid fever, hemicrania, croup, &c.

Dr. J. speaks very highly of the happy influence produced in scarlatina by the use of dilute sulphuric acid. He, in common with physicians throughout the State, met with numerous instances of patients having a second attack of measles. He speaks favorably of the use of Fountain's arsenical solution in the treatment of intermittents.

Dr. Johnson furnishes us with this history of a singular case which was related by Dr. Schenck, at a meeting of the Hunterdon County Medical Society: "A woman, at two consecutive labors, bore children affected with what I consider to have been molluscum. They were both stillborn, and of the average size of children at birth. The whole surface of the bodies of these children presented the appearance and feel of the scales of a turtle. The scales appeared to be under the cutis vera. One of these cases was a breech presentation, and the Dr. found great difficulty in determining whether it was the breech or the head, on account of this scaly covering. He could not satisfy himself upon this point until the breech was completely expelled. This woman has borne two or three healthy children."

From *Passaic County* Dr. A. W. Rogers reports that sore throat and tonsillitis had prevailed to a considerable extent, and he says that such cases were much benefited by a gargle of gum guaiac, infused first in cold and then in warm water, together with a poultice containing salt, or salt pork to the outside.

He speaks highly of the use of "turpeth mineral or subsulphate of mercury," in croup. He also reports the prevalence of severe dysentery.

Dr. Rogers mentions a case of hydrocele that "was cured one cold day last winter by freezing the scrotum." Surely, in this case, the old adage was verified, that "the remedy is worse than the disease," and it is scarcely probable that this treatment will ever come into general use.

From *Salem County*, Dr. Gibbon reports that this section of the State

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has been nearly exempt from severe disease during the past year. Dr. G. speaks in commendation of the tr. veratrum viride, and says: "I am inclined to think that, in some instances, at least, it may be used as an efficient substitute for the lancet."

From *Somerset County* we have received information from Dr. Vandoren that rheumatism prevailed for three months, and was very generally and equally diffused through the county, the chief existing causes of which he thinks were the "melting snow and wet streets."

He also reports the prevalence of boils, carbuncles, and whitlows, and "an inveterate kind of itch, rather like prurigo than scabies." After surveying the diseases of Somerset County, Dr. V. arrives at the following conclusions:—

"True sthenic inflammation is becoming more rare yearly, and the cases which do occur are of milder grade."

"The phlegmasia are replaced to a considerable degree by diseases of irritation, namely, neuralgia, nervous gout, and subacute rheumatism."

"Inflammatory action is attended with less symptomatic fever than formerly; thus we often see latent (as it is called) pleuritis, pneumonia, &c.

"The cause of these peculiarities is doubtless that our population have their vascular and muscular systems less, and their nervous systems more, developed than their ancestors, and the cause of this difference is to be found in their habits of life."

"In relation to fevers, the following facts appear. Intermittents have been increasing upon us for the past ten years, and are in some localities very annoying."

"At the same time, bilious remittent (also they say miasmatic) has dwindled and almost disappeared; and intermittent fevers often ally themselves with and run into typhoid (the enteric fever of Wood).

"It is easy to imagine that this change depends upon some modification of the malarious or miasmatic poison, either in sort or degree, but I confess that I have never been able to derive the slightest satisfaction from any such hypothesis, or to feel that it cloaked my ignorance with anything better than a transparent veil."

"Typhoid fever has become endemic among us, and typhus—that is, typhus gravior, with its early stupor and its six weeks' duration—has almost, if not quite, disappeared. I rejoice at the exchange, but confess profound ignorance of the cause."

"In relation to the treatment of this fever, I can safely say, that an expectant practice, with careful control of the local complications, as they arise, has generally proved successful."

"The turpentine emulsion of Dr. Wood is most efficient in controlling the abdominal symptoms."

"Irritative fever, the febris ephemera of Good, is often met with, especially among children. I believe it to be almost the only form of remittent fever commonly encountered."

From *Sussex County* we have received no official report, but, through the kindness of one of the physicians of that district, we have received a letter of much interest, from which we will make some extracts.

He says that the Sussex County Medical Society numbers seventeen

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members, out of twenty-seven physicians in the county. "Of the ten out of our pale, one has taken the requisite steps for admission, one is a bird of passage, three are superannuated, and two are professed quacks, one of these is Dr. Joseph Hedges, and the other is a Dr. Woodruff, who calls himself both chrono-thermal and homœopathic, and advertises to cure diseases, 'fashionably with medicine, or physiologically without.'" Dr. ——— also informs us that an irregular practitioner, of that county, recently perforated the cranium of a fœtus, whose delivery he despaired of, and then sent to a neighbor to apply the forceps to it. Before the arrival of this practitioner, however, the child was expelled by the mother's unaided powers, and lived three days.

He reports that there has been "a good deal of scarlatina and rubeola. The former was attended in very many cases with diphtheritic croup; the latter never;" and he adds, that when this diphtheritic croup complicated scarlatina it was uniformly fatal.

In speaking of the treatment of such cases, after stating that the local application of nitrate of silver had not been found very successful, he says: "We are disposed here to be old fogy, and place great reliance upon calomel in diphtheritic affections."

In speaking of the treatment of the diseases of the bowels, he says: "In regard to all these diseases of alimentary mucous surfaces, my endeavor has been to quiet irritation, without arresting altogether the secretions, which certainly are the result of the "vis medicatrix."

"You know how, in all these cases, we are very apt to resort to calomel and Dover's powder, which are often pleasant as punch (not London, but whiskey) is to those who use it. Indeed, this kind of treatment reminds one of the Frenchman's definition of punch: 'Dere is de sugar to make him sweet, and de lemon to make him sour, de whiskey to make him strong, and de water to make him weak;' and though it is often very happy in its effects, it perhaps may be said of it sometimes, as the same Johnny Crapaud said of its antitype, 'It almost punch my brain out.'"

He also recommends the use of nitrate of bismuth in some obstinate intermittents upon the theory that "there has supervened a permanent congestion of the gastric mucous membrane upon which the bismuth would act, as nitrate of silver or sulphate of cadmii acts on the conjunctiva."

In commencing our report, we stated that Hygeia's sway had been more than usually absolute throughout the State during the year; this assertion, perhaps, needs some qualification, since the county of Burlington affords a sad exception in having been more than usually scourged by malignant and unmanageable diseases. No official report reached us from this district, but, through the kindness of Dr. I. P. Coleman, we are in possession of many facts both interesting and melancholy in their nature.

After enumerating the various inflammatory and exanthematous diseases which prevailed during the year, and setting forth the uncertainty of ordinary remedies in the treatment thereof, the Doctor makes the following pertinent remarks in reference to the treatment of scarlatina: "We scarcely know what to ascribe to medicine and what to the 'vis medicatrix.' Had we a meter to determine positively the amount of

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poison floating in the sanguine current, and a vital dynameter to estimate with exactness the sum of living resistance to that virus, our conclusions in respect to the value of remedies would be more important." Dysentery, in an epidemic form and of malignant type, also scourged this district during the past season. Dr. C. informs us that the cases of this disease were marked by early prostration and rapid tendency to dissolution. In many instances the disease was accompanied or followed by ileitis, and in one case, where an autopsy was obtained, the lower portion of the ileum was found to be gangrenous. In concluding his interesting report, he informs us that intermittent fever has again made its appearance in that neighborhood, after an absence of nearly twenty years. For some time past the old pest had given evidence of its approach, but in the opinion of Dr. C. it required the wet spring and summer of 1857 to call its energies into full play.

After your committee had finished their report, a very voluminous report from *Essex County*, with accompanying documents, was received from Dr. Wm. Pierson, Jr. It reached us, however, at so late a period that we have not had time even to read it. One of the By-Laws of this Society declares that the District Reporters shall present their reports to the Standing Committee "on or before the first day of January of every year;" and, therefore, your committee did not feel themselves under any obligations to make an abstract of this report. However, we herewith present it, to be disposed of as the Society may deem proper.[1]

A report from Dr. Schenck, of Camden County, was also received too late to be incorporated in the report of the Standing Committee. It is herewith presented.

We feel it to be our duty to say a word in reference to the MEDICAL AND SURGICAL REPORTER, which journal may, in our opinion, be considered the handmaid of medicine and surgery in New Jersey. By the untiring zeal and energy of its present editor and proprietor it has attained an enviable position among its sister journals; and, as the fearless exponent and supporter of scientific medical and surgical practice, it is eminently entitled to the support of the New Jersey Medical Society, and to the profession throughout the State.

Your committee would take the liberty of suggesting a change in the time of holding the annual meeting of the State Medical Society. Our reasons for doing so are as follows: In the first place, the month of January, if our observation is correct, is one in which physicians throughout the State are most apt to be busy, and at that time they cannot go from the field of their labors, and the consequence is that our meetings are not as well attended as they should be. Then, again, the time of meeting now falls upon the period during which the State Legislature is in session, which necessarily absorbs a large share of attention,

[1] Dr. Pierson's report, with the accompanying tables of mortality in Newark, furnished by Dr. Lehlbach, is very lengthy, and it is to be regretted that the condition of the treasury of the Society would not warrant its publication with the proceedings, as it is probably the most valuable report from a District Society that was ever sent to the State Society. We will, however, endeavor to publish it hereafter in the columns of the REPORTER, as it is well worth preserving. —[ED. AND MED. SURG. REPORTER.

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and consequently detracts very materially from the interest which would otherwise be attached to our meetings.

The time of holding the annual meeting is fixed by an act of the legislature, and, in order to effect a change, it would be necessary to make application to that honorable body for authority to do the same.

Should the Society deem it expedient to act in this matter, the committee would suggest the propriety of changing the time of meeting to April or May, during which months, as a general rule, there is less sickness prevailing throughout the State than at any other period during the year.

JOHN WOOLVERTON,
THOS. J. CORSON,
GEO. R. ROBBINS,
Standing Committee of N. J. State Med. Soc.

The Medical Society of New Jersey, at its last annual meeting, adopted a resolution in words as follows:—

"*Resolved*, That the question, what constitutes a valid license under existing laws, be referred to the Standing Committee, with authority to obtain competent legal advice." This question has been referred to me for an opinion.

The Act of the Legislature, January 28th 1830, is entitled "An act to incorporate Medical Societies, for the purpose of regulating the practice of physic and surgery in this State."

Section 5 authorizes the Medical Society of New Jersey to confer the degree of Doctor of Medicine.

Section 6 authorizes said society to examine all students who shall present themselves, and "to give diplomas under the hand of the President, and the seal of the society; which diploma shall be sufficient to empower the person so obtaining the same, to practice physic or surgery, or both, as shall be set forth in the said diploma, in any part of this State."

Sections 8, 9 and 11 provide for the examination of students through the Board of Censors of the several districts—And three approving signatures to the certificate shall be necessary to make valid each certificate recommending the applicants for license, which certificate when produced to the president of the medical society, shall empower him to grant a license under the hand and seal of the society.

Section 12 enacts "no person shall commence the practise of physic or surgery within this State, until he shall have passed an examination and received a diploma from the Medical Society of New Jersey." And without such license (unless the person has been a respectable practitioner without a license prior to the act of 15th Feb. 1815), he is subject to a penalty of $25 for each prescription, and disqualified from collecting any debts incurred by such practice.

Section 13 requires a copy of the license to be deposited with the clerk of the county in which the practitioner may reside; and if this be neglected, he is made liable to the same penalties as if he had no license.

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The above, are the general provisions bearing upon the question; and it is important to remember, that they are limitations upon the natural rights which every man has, in the absence of statutory restrictions, to pursue such occupation as he may think proper. The *necessity for a license grows out of the statute.*

On the 14th March, 1851, the Legislature (with at least questionable wisdom), made the first step towards a removal of the above restrictions. A supplement of that date dispenses with all examination in favor of such applicants as are graduates of certain named medical colleges; whose diplomas, presented to the presidents of the State Medical Society, together with testimonials of good moral character, authorize him (without examination), to grant a license under the hand and seal of the society. Thus far, however, there is no difficulty as to "what constitutes a valid license." It must be a license issued by the president of the State Medical Society; in the one case after examination, and in the other upon production of the diploma, &c.

But, on the 17th March, 1854, the Legislature made a further and still more important step towards removing the restrictions imposed by the act of 1830. A supplement of that date, enacts as follows: "Whereas, certain practitioners of physic and surgery in this State, labor under certain disabilities in the practice of their profession, owing to existing laws by which they are unable to collect their dues, and are liable to pains and penalties in the pursuit of their profession, therefore,

"Section 1. It shall be lawful for all persons of good moral character who have diplomas from any medical college, or from the medical department of any university of any State of the United States, which before conferring diplomas, require those upon whom they are conferred, to be 21 years of age, to have studied physic and surgery three full years with a respectable and lawful practitioner of medicine, including two full courses of lectures of not less than 12 weeks each, in which shall be taught the principles of materia medica, pharmacy, chemistry, anatomy, physiology and the practice of physic, surgery and midwifery, to practise physic and surgery in this State after depositing a copy of such diploma, translated into the English language, or other evidence of graduation, with the clerk of the county in which such practitioner may reside, and until such copy shall be so deposited, those practitioners who shall neglect the same, shall be liable to the penalty of the act to which this is a supplement, &c."

The foregoing supplement seems wholly to have changed the pre-existing laws as respects graduates therein referred to. So far as the right to practice is concerned, it has substituted a diploma from all *such* institutions, in place of a regular license from the State Medical Society. It admits all such persons to practice physic or surgery in this State, after depositing a copy of their diploma, or other evidence of graduation in the clerk's office as therein required. "*A valid license under existing laws,*" *is now, what it was before, a diploma from the State Medical Society.* But, as respects the graduates of those institutions, they are permitted to practise without such license. There may be, and perhaps are, other interests connected with the medical society itself—its organization and rules, not affected by this supplement. But, so far as the right to practice is concerned, a license, or diploma from the society, would, as re-

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spects persons referred to in the supplement, be an act, or thing of supererogation. They have every right in that respect, which a diploma or license from the State Society would give to them. It is to be remembered that the necessity for such license grows out of the restrictions of the act of 1830—this supplement, which removes those restrictions, and gives express authority to the persons named to practice, obviates, of course, the necessity for a technical license from the medical society.

WM. L. DAYTON.

TRENTON, *Jan.* 9, 1858.

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THE

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ART. I.—*Bloodletting in View of the Peculiarities of the Present Age.* —An Essay read by appointment before the Medical Society of New Jersey, January 27th, 1858. By J. HENRY CLARK, M.D., Newark, N. J.

IN order to fulfil my intention of preparing a paper that should cover the whole ground, I delayed its preparation in the hope of obtaining several books necessary for the accomplishment of this purpose. These books I have failed to get, and must do as well as I can without them. Moreover, the time that I had devoted to the preparation of this essay was unexpectedly occupied, so that I am driven, at the last moment, either to fail of fulfilling my appointment, or to do it in a manner that will surely fail to satisfy my aims, and, perhaps, to accomplish the purpose of the Society in making the appointment.

Bloodletting has been regarded a remedy of importance by physicians of every age, away back to the earliest record of medical opinions or practices. It was in common use among those who practised the healing art among the Egyptians, Assyrians, and Scythians, when anatomy had never been cultivated, and physicians were mere unlettered nostrum mongers, or charm workers. The Greeks boast that Podalerius, the son of Esculapius, was the first who practised bleeding, and that he did so soon after the siege of Troy; but this fact is related by only one author, who lived too long afterwards to be credited implicitly. It is probable that it had been practised long before.

Pliny supposes that physicians learned to bleed by observing the hippopotamus draw blood by pushing sharp reeds into his body. This is of course a fanciful absurdity.

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Chirurgie was one of the "five branches" of Plato. Hippocrates, who was the first to combine medical facts into a systematic form, 460 years before Christ, alludes frequently to the use of the lancet.

Upon this subject the rival schools of Cnidus and Cos widely differed. While the latter frequently resorted to its use and to the use of potent drugs to combat local symptoms, the school of Cnidus preferred to do without the lancet as far as possible. They grouped important symptoms together, and, it would seem, preferred an expectant common sense mode of practice. Would that these principles had been taught all the way down through to our time; surely much less mischief would have been done. In that day flourished "Petronas," a sort of homœopath and Thompsonian combined.

Venesection was practised by the Romans, and also in Egypt, during the period of its greatest prosperity and renown. It seems, through all modern times, to have fluctuated with regard to the favor with which it has been regarded by the profession. If there was occasion for the satire of Dr. Sangrado, with his lancet and hot water, bleeding must have been greatly overused at that period. We can all understand how an unlettered or unthinking routine practitioner may become accustomed to fire his biggest guns all the time, and treat the larger number of his patients by means of calomel and the lancet. We have all learned that to refrain from medication requires more thought and discrimination than to open the saddlebags. Every barber's pole that we meet in the street tells us a tale of professional butchery. It is well known that the pole is designed to represent the staff to support the arm, while the serpentine white streak indicates the white bandage with which to tie it up after venesection has been performed. The barbers in England and on the continent still bleed without professional advice. In Sicily, where the traveller sees a people a half century, or perhaps double that, behind the age, I have seen men step into a barber's to be bled, with as much nonchalance as if the hair was to be cut, or the chin to be shaved. But this relates to a past age; let us come down to the present period.

That a great change has taken place in teachings and practice, no one can doubt. I have in my office a bushel of papers, left

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behind by a grandparent, who well represented the views and practices of Rush. A man who should so teach and practise to-day would be regarded mad. In a book entitled "Consumption Curable," he regards the lancet as one of the most valuable remedies; we should feel *sure* that it was the *very worst.* Those who, twenty years ago or more, sat in the lecture-room of the medical colleges well remember how often we heard the phrase, "Bleed *ad libitum*, bleed in an upright posture to fainting." Venesection was never forgotten from the list of remedies in all acute diseases, and in many that were chronic. All apoplexies, all pleurisies, all inflammations, all accidents, hemorrhages, acute rheumatism, puerperal diseases, and the derangements of pregnancy were to be combated by the lancet. The extra blood was regarded as an enemy, to be drawn off as soon as possible, lest it might do mischief; though it was always found necessary, in a few days, to invite its return by iron tonics and a generous diet. That which the system required to rally and recover must first be spilled, in order to prevent some dreaded result. Even the homœopathists of that time taught that it was "homœopathic to bleed," and frequently opened a vein, as they said, "to gain time." Of course, no one would bleed for any other motive at any time.

In looking back, we perceive that the use of the lancet has been advised and practised uniformly—

1st. To relieve inflammation.

2d. To direct in other channels when locally determined.

3d. As an alterative.

When neither of these motives presented itself, the lancet has often been employed experimentally. For example, it had its advocates as a remedy for cholera and other anæmic conditions. A check to the practice of excessive bleeding was given by the writings of Marshall Hall, which I remember to have influenced my own mind very much, twenty years ago. *Hall on Bloodletting* (which, by the by, I have not seen in many years) produced, perhaps, as powerful an influence to deter physicians from the use of the lancet, as *Hamilton on Purgatives* did, at a previous period, to induce the indiscriminate use of cathartics. The work of Dr. Hall was timely and useful. If it was within my reach I should be glad to make more particular reference to it.

We find now that cathartics, dieting, cold water, and counter-

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irritation will control inflammation with as much certainty as did the lancet in the hands of our fathers. We find that Rochelle salts will cure acute rheumatism better, quicker, and safer than bleeding and antimony; that even puerperal fever will yield to opium, some believe, more certainly than the lancet; that it is not necessary in apoplexy, accidents, and hemorrhages, nor desirable in disorders of pregnancy, and never proper to be used as an alterative, without a better reason than habit, or that it is the spring of the year, nor for many other reasons that formerly induced its use. Bloodletting should never be resorted to without a *definite* adequate reason.

Mankind, in their opinions, are like birds on a telegraph wire, who continually fly from one end to another. There is a great deal of human nature among doctors. Is the change in opinion on this subject induced by caprice or fashion? Are we persuaded by popular prejudice to abandon a remedy of value? It is well known that emetics are often valuable to fulfil various indications, but they have almost passed into disuse, because of popular prejudice. With regard to both remedies, the pendulum will soon swing back, and will, very likely, pass too far the other side. To find the "juste milieu" is the point of attainment to which we should aspire, and to *keep* it is a most important and difficult achievement.

I am persuaded that for some reason there is a change in the character of the diseases of the present age; that this cycle is marked by conditions of anæmia rather than repletion. Dr. Bennett, a writer in the *Edinburgh Medical Journal* (upon which I could not lay my hands), offers this opinion, I am told, and takes substantially the same views of bloodletting that were so firmly held by our medical ancestors. I should have been glad to have quoted from him.

No authority would satisfy me that in my range of experience the past quarter of a century, during most of which I have been a practitioner of medicine, has not worked out physical changes which induce different pathological results from those formerly observed.

Diseases of the mucous membrane are much more frequent; while those of its serous tissues are less so. Intermittents, phthisis-pneumonia, bronchitis, dyspepsia, chronic diseases of the liver,

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kidneys, spine and womb, are oftener met with; while apoplexy, pleurisy, inflammation of the bowels, indeed all violent acute affections, are more seldom encountered. There is not one physician present who will not join me in the statement that few cases of acute pleurisy come under his observation now, while formerly it was about the most common disease of the winter months. Diseases have altered their type; they run a shorter course, and there is a greater tendency to the anæmic condition. Those long fevers, the everlasting consumptions, and bed-ridden cases, so much seen in our younger days, are less often met with. Either we better know how to treat them, or they sooner reach a fatal termination than formerly. There is unquestionably a change in the constitution of our people, and some of the reasons are evident. Although on this subject I expect to encounter differences of opinion, I shall venture to state what appears to me as some of the reasons for this change.

All inquirers are liable to fail of discovering the truth, because they look too far, while it lies just before them. In relation to this subject, there are some facts within every day's observation which may be overlooked because familiar. The enlightenment of the present medical age, with its philosophical observations and deductions, the more accurate observation of the laws and operations of nature, superadded to the indirect influence of charlatans, with their quack books and advertisements, which influences medical teachings and practice, has undoubtedly driven bleeding into disuse; still there are several reasons which may be assigned why the remedy is less needed by this generation than by the one that has just preceded it. Among these changes in the habits of our people, I would mention—

1st. The age is characterized by excessive activity.

2d. There is less care taken than formerly to secure time to eat and leisure to rest.

3d. The former generation lived more in the open air, and took more exercise.

4th. They eat more nutritious food.

5th. This is emphatically a temperance age; it is an age of ultra temperance. We are influenced, undoubtedly, by an honest desire to present a pure example to others, and to avoid those

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excesses that tend to shorten our lives or abridge our usefulness. There may be, physiologically speaking, an excess of virtue.

Those who have a moral or religious character to sustain, regard it necessary wholly to abstain from stimulants, whatever be their constitutional tendencies.

It is often remarked that we all live faster than our forefathers. No man is content to do a moderate business who can in any way increase it. Our people seem to feel that time is lost which is devoted to rest, social pleasures, or rational recreation. A day is valued only by the dollars which it will produce, and most persons seem obligated to fill up every hour with profitable engagements. This national characteristic was not developed to any such degree in days when we had no telegraph wires or railroad communications. Now the whole country are neighbors to one another, and therefore there is more temptation to increase the number of business engagements and connections. Eating and sleeping are regarded as certain interrupting duties, to be performed with as little ceremony as possible, and in the shortest time. In former years our houses were less carefully constructed, and modern labor-saving contrivances were unknown. More exercise was necessary, and more time was spent in the open air by both sexes. In these days the car, the stage, the omnibus, the ferry boat, are all tightly inclosed, and the air of heaven is as carefully excluded from all human habitations, as if it was pestilential in its character. In these days food is less simply prepared, and the stomach is so teazed out of its propriety by sweets and dainties that good, solid, nutritious food is unpalatable. Owing to all these causes combined, we eat less nutritious food than formerly.

Mussy, Alcott, Graham, and a host of others, have lectured and printed against animal food, and have induced many to believe that the less food of any kind taken, the better; that the stomach would better perform its duties if given as little as possible to do, as if the organ was not designed to be *filled*. This erroneous teaching has introduced untruthful impressions, and led to unwise practices on the part of multitudes who require a generous diet. There are many who, like Timothy, require "a little wine for their stomach's sake," who refuse altogether any stimulant, adopting the doctrine of Carpenter, that the smallest

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amount of stimulant is to an extent an evil. The past generation used cider and other stimulants in great quantities. They were regarded as necessary as meat, sugar, and bread. The present eschew them altogether. It is true that there is much drinking in the whole country, but it is not as formerly distributed throughout the community. Many use stimulants who should wholly abstain, many entirely abstain who need to take them in moderate quantities.

All these causes, which relate to the habits of our people, seem to me calculated to produce a change in the constitutional peculiarities of the present age that would be likely to demand less depletion. Certain it is that venesection has been greatly abused. Public opinion, which often but reflects medical opinion, once held, has ever regarded it with great favor. A horse must be bled *because* he was going to "be turned out," of course, notwithstanding that he was jaded down by many months of wearing, exhausting servitude. It was regarded healthy to lose blood once a year any way, and an excess of the vital fluid was regarded as a danger to be certainly guarded against. Upon the supposition of this danger many maxims were formerly current in the community, and among the profession. In cases of apoplexy much mischief has undoubtedly been done with the lancet.

Dr. Todd, of King's College Hospital, London, in his clinical lectures on "Diseases of the Brain," which sheds a flood of light on the pathology of cerebral disease, points out with remarkable distinctness the *manner* in which bleeding does mischief in cases of apoplexy and paralysis. In the chapter on "White Softening of the Brain," Dr. Todd remarks, on p. 116: "There is no determination of blood to the head in these cases, but the reverse." He further remarks on the next page: "There is a practice unfortunately too common, but which I think is every day becoming less so; namely, that of following an attack of apoplexy very much as a matter of course by depletive measures."

After detailing a case, the same author remarks: "This case is one of many which proclaim loudly that a depletory system ought not to be pursued indiscriminately, or *even generally*, in apoplectic cases." In relation to this class of diseases this author is very far in advance of all previous investigators.

There is a strong inducement to use the lancet in country prac-

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tice. The ride being long, it is perhaps uncertain when the patient can be seen again. In the meanwhile, inflammation may have progressed beyond the point where it can be arrested. Still it is evidently bad practice to abstract blood, and in a few days or weeks be found assiduously endeavoring to restore the vital fluid, or recover to it its lost constituents. The disease would not probably do worse if the rebellious fluid had been retained. The essential need in the process of recuperation is healthy blood; being spilled, it is difficult in many cases, and in some instances impossible ever to restore fully the loss. I am certain that it required two full years in my own case to recover from the effects of two bleedings in a single week, while suffering from an attack of acute rheumatism. I have had eight attacks, and have been treated in every way. I declare bleeding and antimony to be the worst of all methods. This personal experience is confirmed in the treatment of the disease in other patients.

About two years ago I was called to a pale, delicate, frail looking woman, recently married; I was requested to regard myself as her physician; I was informed that she was accustomed to severe attacks of "congestion of the lungs," and was desired to follow the course of treatment hitherto pursued. This was indicated in a letter from her former medical attendant in one of the northern towns of the State of New York. He says: "No remedy will avail but the lancet; a free, full bleeding, promptly employed, will relieve the symptoms." I protested against bleeding such a patient, and was only retained upon the promise that I would bleed if I regarded it necessary. A few weeks afterwards I saw her pass my house from church, and within fifteen minutes I was hastily summoned to attend her. I found her in a hysteric condition, her bowels and feet cool, and *breathing with very great difficulty.* The difficulty of breathing was the pressing symptom that gave the family most concern, and which induced the suggestion of "congestion of the lungs," which it resembled in no other particular. I found a bowl and bandage ready. As I entered the room, she cried, "Oh, bleed me, Doctor, as quick as possible!" The husband joined in the demand. I opened a vein and drew a teaspoonful, standing in such a position that none could see how small a quantity was abstracted. I managed to push the bowl under the bed, when the way was clear to employ my

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own remedies. I beat up twenty drops of chloroform in the white of an egg, and administered it. I put bottles of water to the feet and hands, and applied chloroform externally to the chest, carefully covering it so that the remedy would not add to the difficulty of respiration; in a few moments she was relieved. I then showed her the bowl, and satisfied her that the lancet was not, as she supposed, the only remedy. She never desired to be bled again. In a few months these paroxysms were relieved by dilating the os uteri with graduated metallic bougies, and by iron tonics combined with a generous diet, and much exercise in the open air. The uterine difficulty was evidently the remote cause of these paroxysms; while the frequent bleedings was the proximate cause. Permit me again to refer to my own experience. Ten years ago, when I saw about three hundred cases a year of disease of the eye and ear, I cupped usually several times a week; now, when I probably prescribe for more than fifteen hundred, I frequently do not abstract blood in any way once a month. A considerable number of cases of ophthalmia from intermittent districts, or from among those who have been confined on shipboard, and others evidently anæmic, that ten years ago I would have cupped, I now treat with quinine, even when the inflammation is considerable. I order, instead of cups, beef steak and porter, and am very seldom disappointed in the result. The symptoms of depletion and repletion are so similar, that it requires very nice discrimination always to judge properly. The lancet in the hands of professional and unprofessional operators, in my judgment, has done more harm than the sword. It is certain that locality affects the character of diseases, and must influence the remedies employed. During the past year I have conversed with many physicians in different sections of the country; I find that some are so accustomed to this mode of affording relief to patients who are suffering from violent inflammatory attacks, that they are unwilling to consider the possibility that a different course would prove efficacious. All whom I have met admit that diseases are milder in their character, that inflammation is less severe and more readily yields to remedies than formerly. Also that patients oftener pass into a typhoid or debilitated condition as the result of active treatment. Country practitioners, especially those who practise in mountainous regions or hilly countries, regard

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bloodletting with more favor, but even they admit that it is much less required than formerly. In our cities, fashion, popular prejudice, and the conviction that it is less often required than has been before supposed, seem to lead almost to its abandonment. Probably it is not by some practitioners as much employed as it ought to be, for it is a remedy of value, and fills an important place. We are not called upon to atone for the sins of the past, by abandoning entirely a remedy upon which our medical ancestors so greatly depended.

In that section of our State which skirts New York Bay and its tributaries on the west, there is a tendency to intermittent disease. The same is true equally of New York City, the island of Manhattan, and the west end of Long Island. In this whole section of country, I am disposed to believe that the lancet is now very little required. If my own experience for the past five years is any criterion, it is not much required in Newark. I have abstracted blood by means of cups, from the head, chest, and eyes, in many cases with manifest advantage, but have in only a few instances resorted to general bloodletting during this period. In no cases is topical bleeding so surely useful as in pneumonitis.

In these cases, as well as in certain affections of the eyes, we cannot wait for the operation of other remedies; bleeding is therefore not only admissible, but required. In all cases where the delay will not be likely to prove dangerous, it seems to me desirable to withhold it. I am persuaded that it is a more important remedy than it has been regarded, and should not be decided upon without the most careful consideration with regard to its immediate effects, and its ultimate results.

We can never drop it for the list of appliances by which disease is to be combated, and inflammatory action controlled; still, it should never be forgotten that this remedy does belong to that apocryphal catalogue which does no harm, if no good is accomplished. It is a remedy of *power*, and while the present constitutional condition of our client obtains, it is useful and justifiable in emergencies. An age of repletion may be again reached before we have all left the stage of action, in which venesection will be oftener necessary, and may be as frequently employed, as now it is unfrequently required.

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ART. II.—*Observations upon Otorrhœa as a Sequela to Scarlet Fever.* By LAURENCE TURNBULL, M. D., physician of the Eye and Ear Department, of the Western Clinical Infirmary of Philadelphia.

OTORRHŒA, or a chronic discharge from the ear, is one of the most frequent and tedious affections which the physician has to treat. It may properly be divided into two great classes, depending on the nature of the discharge, viz: mucous and purulent. The mucous form arises as a termination of catarrhal otitis, from measles, or whooping-cough. Its chief characteristic is the absence of true pus from the discharge, and its being found much more amenable to treatment than the purulent variety, which we design to treat in this paper. Occasionally we find this second form of discharge difficult to manage in scrofulous patients, when neglected; but if proper counter-irritation be made behind the ear, and great cleanliness of the ear and skin be enforced, with tonics, astringents, and slightly drastic purgatives, it will be found more amenable to treatment than the form depending on scarlet fever. The great importance of attention to this second form of otorrhœa (chiefly the result of scarlet fever) will be better understood, when I state that it is the chief cause of non-congenital deafness. This is proven by the records of the deaf and dumb institutions both of this country and of Europe.[1] An examination of the reports of the cases admitted into the Pennsylvania Institution for the Deaf and Dumb, in the City of Philadelphia, during the last six years, also proves the same fact. In 1852, of the thirty-three pupils admitted, seventeen were born deaf, three lost their hearing by scarlet fever, the remainder from five different causes, and four from cause unknown.

For the year 1853, of the twenty-six pupils admitted, twelve were born deaf, six lost their hearing by scarlet fever.

In 1854, of the forty-seven pupils admitted thirty-two were born deaf, three lost their hearing by scarlet fever.

[1] See Wilde on Diseases of the Ear.

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In 1855, of the twenty-five pupils admitted, thirteen were born deaf, five lost their hearing by scarlet fever.

In 1856, "Of the sixty-three pupils admitted, 27 were born deaf, 12 lost their hearing by scarlet fever. In 1857, of the 26 pupils admitted, 11 were born deaf and 4 lost their hearing by scarlet fever. The large number for 1856 may be accounted for, by the fact that in that year the mortality from scarlet fever in Philadelphia was nine hundred and seventy-two in a population of 500,000, while in 1855, the deaths from scarlet fever were only 163. This fever also prevailed throughout the State as an epidemic, during the latter part of the year 1855 and 56.

Otorrhœa, resulting from scarlet fever, is a disease which, if it becomes purulent and chronic, is very difficult to cure. This, I find to be the opinion of almost every one who has devoted much attention to the subject. Itard[1] says: "It is of interminable duration, and is one of the gravest diseases of the organs of hearing." Mr. Wilde[2] remarks: "The most unmanageable cases of otorrhœa which I have met with in practice, in which the most destruction has taken place, and where the ossicula have been most frequently lost, have been the result of scarlatina." In my own practice, one case had existed for thirty-five years, in another, twelve years, and a third case, which came under my care, had been more or less under medical and surgical treatment, for seven years. In several other cases, the duration was respectively, one, two, and three years. The most recent cases have been the result of the late epidemic in our city. The profession has not, at any time, been sufficiently alive to the great importance of the treatment of acute inflammation of the tympanum, so as to prevent, if possible, the destruction of the internal portion of the ear, and the subsequent otorrhœa.

If the same amount of care and trouble were exercised by physicians in the treatment of the *ear*, as of the throat, a much smaller number of children would be permanently deaf, and a much smaller number would suffer from destruction of the tympanum, or with chronic otorrhœa for months or years after. Having been successful in all my cases, during the late epidemic,

[1] Traité des Maladies de l'Oreille et de l'Audition. Par J. M. G. Itard, p. 203.
[2] Wilde, p. 323.

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in preventing deafness, I will give an outline of my treatment, hoping it may save a few children that important organ, the ear, so adapted to increase knowledge, and delight mankind.

Treatment.—In the early stage, when the scarlet fever is at its height, we must endeavor to arrest the acute inflammation of the ear, by depletion, but care must be exercised, as this exanthem will frequently assume a low type, which was the case during the recent epidemic. In such cases, local depletion (by leeches or small cups, to the mastoid process and antitragus) should be employed as soon as acute pain is complained of, and sometimes it will be found necessary to make pressure, as the child may be too young to indicate the point of pain, except by sudden screaming and crying; but pressure at the lower portion of the ear will reveal the cause instantly.

Local depletion should be repeated at intervals, and in such quantities as the strength of the child will permit, assisted by active purgation by a drastic agent, as jalap, scammony, or senna, in infusion, while, at the same time, we support the child's strength with nourishing diet, &c.

If the case will not bear depletion, or we are called too late, then we must still apply counter-irritation, and purge the patient, but should suppuration have commenced, indicated by a chill, with increased pain, of a darting and throbbing nature, with a sense of bursting in the ear, the meatus, on examination, being of a livid red color, with the membrane of the tympanum red and swollen, our proper plan is to introduce a delicate cataract needle and puncture the membrane. This will liberate the fluid; the purulent matter being pent up in the tympanum, from which it cannot escape through the Eustachian tube, it may ulcerate its passage externally, or may, by its contact, cause destruction of the internal ear, with destruction of the tympanum by rupture, or even extend towards the meninges of the brain, being not only fatal to the organs of hearing, but even to life itself. Cases are on record, in which this ulcerative process has extended, so as to open the carotid artery into the Eustachian tube, causing death from hemorrhage from the ear. Or the extension to the brain may be in the form of effusion or disease of the periosteum and death from convulsions. But instead of this extension your remedies may have prevented

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death, and the disease may now take on the subacute form attended with a discharge of a muco-purulent or sero-purulent matter. The treatment in such cases must be both general and local. The general treatment, which is of the utmost importance, is to improve the blood by tonics of iron, quinine, and cod-liver oil, with the frequent use of the bath, or wet towel, with frictions, and out-door exercise in clear weather. The local treatment should be directed to the throat, by the application of solid nitrate of silver to the region of the Eustachian tube, every third day, with stimulating gargles, and the internal use of weak astringent washes to the ear, while most active counter-irritation should be kept up by blisters, setons, or croton oil, applied over the mastoid region and tonsils. In some of the most unpromising cases the otorrhœa will gradually cease, and the disease may thus be cured; and if the case becomes chronic, then the treatment must be continued for months, and even years, as may be seen by the record of a few cases.

Case I. *Scarlatina, Loss of Membrana Tympani, Deafness, Otorrhœa.—July* 11, 1856. John B., æt. 10, had scarlet fever at the age of three; deafness has ever since prevailed, with otorrhœa on both sides; the external ear in normal condition; meatus, good size; membrana tympani quite gone on right side, while on the left it is thickened with a small opening in its centre.

He is pale, of scrofulous diathesis, with several enlarged cervical glands; nose and throat in an irritable condition. Able to pass air through both Eustachian tubes.

Treatment.—After washing and drying out the meatus, and opening in left membrana tympani, it was brushed over with a solution of nitrate of silver every third day, while internally was administered cod-liver oil and ½ grain of sulphate of quinia in solution three times a day; counter-irritation behind the ear by tincture of iodine.

January, 1857. After six months' treatment, the otorrhœa on left side is quite gone, and the opening filled up, while the discharge from the right is very slight, unless on exposure to cold air, which is much obviated by the introduction of a portion of glycerine on a pellet of cotton, and avoidance of cold winds.

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The hearing was so much improved that he was able to resume his school duties, requiring no artificial aid.

Case II.—*July* 22, 1856. David R., æt. five years, had scarlet fever at the age of two years and seven months, membrana tympani in part gone; general health not good, pale, anæmic; cleansing and application of solution of nitrate of silver, with the internal use of sulphate of cinchona, one grain, three times a day; and as a local astringent, gr. v cupri sulphas to ℥j of water; and to moisten the meatus with glycerine, in which was suspended acid tannic.

Nov. 1857. Hearing much improved, and discharge improved. (Case did not return.)

Case III. *Scarlatina, Loss of Tympani, Deafness, Rheumatism with Polypus.—August* 15, 1856. William J. M., æt. 28 years; otorrhœa from both ears; had scarlet fever at the age of sixteen; could only hear the tick of the watch when applied over the temporal bone; Eustachian tubes both closed; bent almost double with rheumatism; right ear, membrana tympani entirely gone, and no malleus visible; left ear filled up with a polypus, covered with yellow pus, and flowing out over the edge of the meatus.

Treatment.—Two grains of iodide of potassium three times a day, with a wash of ten grains zinci sulphas, to be dropped into the left ear. After cleansing with cotton, applied solid nitrate of silver to growths, by means of Wilde's caustic holder. Finding, after several trials during August, not much reduction in size, I twisted off portions, at three different sittings, and, as the hemorrhage was considerable, I applied powdered alum, and again used the nitrate of silver to get rid of what was still at the bottom, but found it did not entirely destroy the spongy granulations, after eight months' persevering trial.

Feb'y, 1857. Applied a saturated solution of zinci chlorid., on a piece of cotton, by means of the speculum, for three weeks, with the entire contraction of the granulations, so that now, I can see the membrana tympani, and an orifice from which the whole mass of granulations seems to have sprouted, and as I touch the surface, he feels a disposition in his throat to cough. His general health is much improved, being able to straighten himself, and rheumatism gone.

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March, 1857. Dilated the Eustachian tube by means of Wild's catheter and warm air twice, at two weeks' interval. His hearing is so much improved that he can hear me speak to him at a distance of six or seven feet. Gradually the membrana tympani closed over, and he was discharged, cured.

This case was one of great interest, and shows the good results to be obtained by persevering efforts, assisted as it must be, by the willing help of the patient, and the use of constitutional remedies.

Case IV. *Otorrhœa, of twelve years' duration, of both Ears, with Perforation of Membrana Tympani on one side: Improved.—April* 15, 1857. Benj. D. F., æt. 24; a healthy-looking young man, of fair complexion and blue eyes. When he speaks, it sounds as if there was some obstruction in the throat or nose. (Blacksmith.) He stated that he had scarlet fever at the age of about twelve, but of a mild character. On getting well, he had more or less discharge from both ears, and was deaf, and although he has been under the care of several physicians, he has become worse, so that he is unable to attend properly to his duties in his father's shop. On examination with Wild's speculum, found the right membrana tympani with a small opening in it, but he was not able to pass air through it, from obstruction of the Eustachian tube; there was also redness of the external meatus; hearing distance, one inch; left ear, discharge, with redness, and in places whiteness of the membrane, but no perforation; able to inflate the membrane on this side; hearing distance, three inches. Throat—both tonsils very much enlarged, but not very hard; relaxation and elongation of uvula, with engorgement. Removed uvula, made application of zinci chlorid., in solution, to tonsils, and directed cleansing of the ear by a syringe, and application of solution of zinci sulphas, with vin. opii gr. x to three ounces of distilled water, three times a day. For internal use, syr. sarsap. comp., with gr. j bichl. hydrarg., a wineglassful three times a day, with nourishing diet.

22*d*. Throat of a much better color, and speaks plainer; not much improved in discharge from ear, which annoys him, having to wipe it very frequently through the day, as I directed him to

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keep no cotton in the ear, but to wash it frequently each day with the wash diluted.

Treatment of throat continued; applied cantharidal collodion below and in front of the ear, with application of x gr. solution of argenti nitratis to ear, with insufflation of powdered alum to throat and nose.

25*th.* Very much improved. Ordered him solution of iodine comp., ten drops three times a day in infusion of hops.

May 16. Finding the Eustachian tube continued obstructed, introduced Eustachian catheter, and gently dilated it with warm air, which produced a feeling of faintness, but which soon passed off. Same treatment continued.

23*d.* Catheter again introduced, no feelings of faintness being produced. Same treatment.

27*th.* Both ears discharge less. Eustachian tube open, the air passing through it into the middle ear, and being discharged from thence outwards, by the perforated membrana tympani. Hearing improved.

June 3. Had a slight relapse from catarrh; throat more congested; discharge from ear increased; applied solution to the throat, also mild solution to the ear; directed demulcents to be used.

20*th.* Again improving, but is feeble. Ordered tonics, sulphate of quinine, and cod-liver oil.

July 11. Discharge ceased; complains of pain in his head. Ordered blisters behind ears, and an infusion of senna, to keep up action on the bowels, so as to prevent a return of the pain.

August. Called again at the infirmary, and informed me he was so much improved as to be able to take his place as superintendent of the shop, and when on a recent visit to the river, he could hear the noise of the steamboat, which he had not been able to do for many years.

CASE V. *Otorrhœa of both Ears of five years' duration, with loss of both Membrana Tympani.*—The result of scarlet fever and measles. Mary T., æt. 8 years, a delicate dark-eyed girl, is deaf in both ears, with great irritation from profuse purulent discharge, the odor from which is very offensive. Has tried numerous physicians without success. After the acute attack, the father was

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directed by his physician to syringe the ears, every few days, with tepid water, which he continued, until one day the discharge came through the nose, and the child cried out that something had burst, since which time numerous applications have been tried, but with no permanent benefit.

On a careful examination and removal of the profuse secretion by pellets of cotton, I found both membrana tympani entirely gone, the discharge proceeding from the middle ear. The tonsils were enlarged, the throat red and congested, with several enlarged cervical glands.

I directed simple cleansing of the ear with an infusion of chamomile flowers, several times a day, with a weak lotion of subacetate of lead, to reduce the irritation of the auricle, to be applied with a pledget of lint. Also, a solution of zinci sulphas gr. j to the ℥j of water, applied by means of a small syringe, and then to allow it to flow out.

Directed, also, that her diet should be nourishing, with the use of cod-liver oil, a teaspoonful three times a day, with a salt bath once a week.

March 24. To-day, offensive discharge much less, right ear very much improved in appearance. Directed ½ gr. of sulphate of quinia three times a day with the cod-liver oil to be continued.

April 8. Much improved in all respects; discharge still continues; was able to resume school duties.

Case VI. *Cephalic Otorrhœa the result of Scarlet Fever of three years' duration; Post-mortem.*—Mary H., æt. six years; had scarlet fever severely when three years of age. Was a long time feeble, but her ear was not treated, except to wash and keep it clean.

Towards May, 1857, the child began to complain very much, and came to my office. Ordered a small blister, with a solution of one gr. sulphate of zinc to one ounce of water. As an internal tonic ½ gr. sulphate of quinia three times a day. On examination, the right membrana tympani was gone, and there was considerable discharge of unhealthy pus from the ear, showing disease of the bones. Having been benefited by the treatment, she did not return to the office until June 6th, when she was suffering intense pain from catarrh in her head, the discharge being much increased from exposure; being a very wilful child, the parent

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had but little control over her. I directed counter-irritation to be renewed, with the internal use of an opiate, to relieve pain; did not leech her on account of her feeble state.

Visited her on the 8th. Pain still very persistent, and head bent to the side of the affected ear. Fearing convulsions, ordered four leeches to the back of each ear, with sedatives internally, opiate fomentations to the ear, and warmth to the feet, baths, &c. In spite of treatment she continued to grow worse, and had a severe attack of convulsions on June 26th, which yielded to leeching and cold applications, but was soon followed by a state of coma.

She died on the 28th of June, but previously had considerable discharge of pus from her nose, and was unable to swallow for a day or two before convulsions set in.

The family being very unwilling to allow an examination, I was only permitted to remove the temporal bone and ear, which I did by sawing a V shaped piece, and removing the ear entire. The coverings of the brain, in spite of her anæmic condition and her inability to take nourishment, were much congested and thickened, with effusion of fluid in the ventricles, with considerable softening of the substance of the brain.

Ear.—The membrana tympani was almost gone, but, strange to state, in the middle ear, although filled up with green pus, and the membrane soft and detached, I found the malleus and incus, which I have in my collection, but on cleansing the two bones they were found ulcerated. The semicircular canals and cochlea were almost free from disease, which had passed from the middle ear to the membranes and brain, causing a low form of inflammation, with softening and effusion, ending in convulsions and death. What seemed very remarkable in this case, was the long period which the small bones remained in the ear in spite of the discharge, showing how slowly the ligaments which attach the bones ulcerate; thus accounting for the power of hearing in many persons suffering from otorrhœa; the chain of bones, although ulcerated, yet retaining their place, and communicating the sound to the nervous expansion of the auditory nerve. She had no symptoms during life, of facial paralysis; the bending of the head to one side seeming to indicate some disease of the top of the vertebræ, but no examination of that part was permitted by the family.

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This imperfect paper on otorrhœa, as a result of exanthematous inflammation of the mucous lining of the tympanal cavity, or extension of the same affection from the throat, upwards through the Eustachian tube, I am well aware is not arranged according to the anatomical classification of Mr. Toynbee, the most distinguished authority on this subject, for although I consider his a good one, yet it has its defects in its extreme subdivision of tissue affected. It is still doubtful to my mind how he, or any one else, can determine the precise tissue which is affected in chronic discharge from the ear, more especially at a public clinic, for the time afforded for examination of each case is often so short, the history given so imperfect, that it is difficult from the patient's statement to know what was the primary cause of the mischief; for we certainly cannot, with all the light we can throw upon it, state which of the five layers of the membrana tympani is affected, when, perhaps, it has been for years bathed in pus, mucus, or a substance which resembles very much the curdy matter found in scrofulous abscesses.

For those interested, I will here give a synopsis of the class of cases met with in my public clinic at the Western Infirmary.

A discharge from the ear will make one-half of my cases arising from chronic inflammation of the external auditory canal, ulceration of the membrana tympani, or disease of the middle and internal ear. Accumulation of cerumen, causing deafness, or an entire want of it, with inflammation of the glands, occurred in about one-half of all my cases with or without pain and tinnitus aurium. Then follows, in point of frequency, catarrhal inflammation of the auditory passage or middle ear, with mucous accumulations in the Eustachian tube, forming one-tenth of the whole number.

Polypi and fungous excrescences in the auditory passages, or projecting through an ulcerated opening in the perforate membrane. Acute cases of inflammation of the membrana tympani are rare, but chronic cases are numerous, with opacity, thickening, &c., with or without occlusion of the Eustachian tube. This is one of the most difficult diseases to treat if it has been of long standing.

Eruptive affections of the auricle are numerous, as herpes, eczema &c.

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There are certain diseases of the ear which are very rare, namely, nervous deafness, in which the auditory nerve is alone affected.

I will conclude by the recital of a case of complete perforation of the membrana tympani, in which there being no hope of restoring the natural membrane, an artificial one was substituted with benefit to the patient.

Case VII. *Otorrhœa with Perforation of the Membrana Tympani, with the Application of an Artificial Membrane with Success.*—James Riddle, æt. 24 years, a native of Ireland, by occupation a silk weaver, applied January 21, 1858, at the Infirmary, on account of a troublesome discharge and deafness in his right ear, from scarlet fever, which he had at the age of thirteen. He has become so deaf as not to hear a watch with the right ear, even when placed in immediate contact.

On examination with a good light, the meatus was found filled up with dry mucus, pus, &c., upon removal of which, by careful syringing with warm water, the membrana tympani was found entirely gone, and the lining membrane of the meatus thickened and contracted. Astringent and stimulating injections were now employed to change and alter the secretion, and he was directed five grains of iodide of potassium in an infusion of humuli, three times a day, with counter-irritation behind the ear, by cantharidal collodion, and to cleanse the ear with warm water three times a day.

January 23. Parts free from accumulation. After wiping out discharge of pus, &c., a small portion of finely powdered cupri sulphas was blown upon the altered mucous membrane, and a wash of zinci sulphas gr. j to each f℥j aqua, was directed to be employed after washing out the ear.

26*th*. Discharge has moderated, but hearing not improved, not being able to pass air through the Eustachian tube. I therefore carefully introduced the Eustachian catheter at two different sittings, and passed air, after some time, through the discharge, so that I could hear the air bubbling by the aid of the otoscope.

29*th*. Same treatment; still improving.

February 9. Discharge still less. Tried the moistened cotton, so as to improve the hearing, but it increased the discharge;

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although removed and cleansed, the itching was so intolerable, that he removed it, being unable to bear it, and again resorted to astringent and stimulating applications to moderate the discharge.

12*th.* Introduced an artificial tympanum of vulcanized India rubber, made by Mr. Kobe, of this city, which gave him no pain, and his hearing was improved.

15*th.* The discharge is again on the increase, and has blackened the silver wire, and caused the India rubber to wrinkle and change its color, so that it was removed, and the ear allowed to rest.

18*th.* Is very comfortable to-day; can hear best in the open air. Introduced the tympanum himself, he finding out the right spot; for if he pushes it too far, it is of no use to him. He has been testing his powers of hearing by a clock.

24*th.* Returned to-day and states that he cannot hear so well; when, upon examination, I found the Eustachian tube blocked up again with mucous accumulations. I again dilated it with a series of injections of warm air; and on filling up the ear with a weak solution of cupri sulphas, by making an effort to swallow air passed up in bubbles through the liquid. This effort to swallow, with the nose and mouth closed, I told him to make each day when he removed his artificial membrane, so as to keep the tube pervious.

Conclusion.—This patient continued to visit the Infirmary twice a week until the 17th of March, when he left for the country, having but slight discharge, just sufficient to moisten the artificial membrane; being able to hear conversation with ease and comfort, and even the ticking of an ordinary clock across a room.

ART. III.—*Is the Negro a Distinct Species?* A Reply to the Article of Dr. Abraham Coles in the December No. By CHARLES F. J. LEHLBACH, M. D., Newark, N. J.

NEXT to converting one's opponents, there is nothing so gratifying in a controversy as to be understood. Hence I was pleased on perusing the article of Dr. Coles, to find that he had under-

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stood my "song," even when I performed on an Irish bagpipe. When one writes an article under the constant fear of being misunderstood, there can be but friendly feelings toward him who is able to appreciate one's thoughts; and out of simple regard for Dr. Coles I shall endeavor to perform a few more of those wondrous feats that have yielded so much amusement to him. After having seen the bull tossing himself upon his own horns, perchance, if he looks sharp, he may see him jump over his own tail.

But Dr. Coles is performing similar feats. He is sure that the Hibernianism of which I here plead guilty, is a new proof of the unity of the race, because I am a German. Yet it proves only what I endeavored to show in my former article, namely, that *physical* differences do not away with our spiritual brotherhood, nothing more.

I might almost be angry with the Doctor for his indiscretion. He has looked at my teeth, and without the slightest forbearance tells his readers that I am a young man. Shocking! What business has a young man to know anything, to write anything, to do anything, and especially to *oppose* anything? What business has he to suppose that he has a right to expect his views criticized according to their merits, and not according to his *teeth?* In contradistinction to this ordinary "pish" and "pshaw" that meet the young man, how great the Doctor's magnanimity! how great his condescension! Let me not be understood as if I did not appreciate Dr. Coles' feelings in this matter. I entertain for him the highest regard; and if, during the excitement of this controversy, involving, as it does, most important principles, I have uttered aught that should have given offence, all I can say is, that it was done unintentionally. I have no other object than truth. If I have said anything harsh, it is "not because I loved Cæsar less, but because I love Rome more."

My opinion that Dr. Coles' arguments in favor of the unity of mankind, amount to little or nothing, has only been strengthened by his last article. The Scripture argument, or rather *assertions* as to the bearing of the Scriptures upon the question, play an important part in it, and yet nothing new is brought forth. It is but a reiteration of the assertion that the Bible is competent to teach us on purely scientific facts. Stop!

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Dr. Coles does not say that. To get his meaning right, I will quote—

"To pretend that the Bible is silent and bears no testimony on the subject of man's origin is absurd, nay more, it is dishonest. Everybody knows, or ought to know, better. Or, to say as some are fond of doing, that, being an affair of science, its testimony thereon is of no value, is manifestly both foolish and impious. *What revelation formally and expressly teaches, must be true, no matter what the subject.*[1] It does not teach astronomy, because this does not properly fall within its purview or purpose. But it does teach the creation of man, because it has to do with man; is anthropological in its whole scope and design."

It needs no strained syllogism, but only an impartial consideration to perceive that there is a little inconsistency in this reasoning, which becomes more glaring the closer it is inspected. If the Bible is to be made a text-book of ethnology or anthropology because it treats of man's creation, then it must also be a text-book of astronomy, because it treats of the creation of the sun, moon, and stars; a text-book of zoology, because it treats of the creation of animals. "*What revelation formally and expressly teaches must be true, no matter what the subject,*" says Dr. Coles. It formally and expressly treats of the creation of the orbs, as formally and expressly as that of man, while it also formally and expressly states *that God commanded the sun to stand still.* According to Dr. Coles' argument, there can be no compromise in this matter. He must believe that astronomy, as founded by Galileo, is all a lie, that all the principles and laws of planetary motion discovered by Copernicus, Herschel, and Newton, are illusions. Does Dr. Coles believe it? Or is he willing to assume, that at that period of the world's existence the sun really moved around the earth? If Dr. Coles assumes to discard the authority of the Bible as regards astronomy, notwithstanding it treats of the creation of the sun, moon, and stars, and speaks of God as commanding the sun to stand still, without subjecting himself to the suspicion of infidelity; why not grant to others the same privilege in regard to another branch of science? I simply ask, whether the Bible is claimed to be a text-book of ethnology? If it is, it must be sub-

[1] Italics my own.

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ject to the criticism of progressing science, like any other text-book; if not, why in the name of common sense is it dragged into this discussion, on which it has no bearing, which is nothing more nor less than blasphemy, because it is using the word of God in vain. Is it necessary for a man's salvation to believe that the sun stood still, and that the negroes are but degenerated specimens of the white race? Can you point out where Christ or his apostles have made the implicit belief in every word that is said about the origin and development of the Jewish race in the Old Testament, a *sine qua non* of Christianity? If not, then please let me consider your cavillings and scoffings, and ridicule, and sneerings at science, as not based upon the Bible, but as founded upon false notions and a morbid exaggeration. Dr. Coles must certainly be familiar with the views of many eminent and pious theologians,[1] who hold that a distinction must be made between the Old Testament and the New, and again between the historical

[1] The following extracts are from "Zuchthausstudien, die Frucht einer sechsjachrigen Einzelhaft." Von Georg F. Schlatter; Mannheim, 1857. Prison Studies, the fruit of six years' solitary confinement. By George F. Schlatter. The author, an enlightened and pious clergyman, who has but a short time ago been released from prison, to which he was condemned, because he had accepted office as member to the Provisory Constitutional Legislature in Baden, during the revolution of 1849, says: "At present, the most distinguished theologians of the orthodox school confine the divine revelations of the Bible only to its *religious truths*, but by no means to the rest of its contents, least of all to that portion which is subject to the investigation and decision of science;" and he then quotes Professor Kurtz, of Dorpat (a theologian, and avowedly belonging to the orthodox school), who in his essay, "Bibel und Astronomie," says: "With a proper conception of the Biblical record, and with a correct idea of Divine revelation, a contradiction is here entirely impossible, and from this reason, *because the Bible reveals nothing, and is not intended to reveal what natural science is capable of determining.*" And mark the emphatic language, when Prof. Kurtz continues: "We go further, and *assert boldly*, and with the *firm conviction* of not in the least degree *encroaching upon the character of the Sacred Writ* and sacred history, that the holy men of God in the Old and New Testament, whom the spirit of God moved to divine acts and words, could very well be entailed in errors, that were universally dominating in their time as regards views held in relation to natural science." . . . . "Thus Moses could entertain not a few physically erroneous views on the nature of the starry heavens and the interior of the earth, when he conceived in prophetic spirit the history of the creation of heaven and earth, without rendering it necessary that he should thereby be freed from these errors; *for the Mosaic history of creation aims not at physical instruction at all, but at religious.*" [L.]

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or incidental portions of the Scriptures, and their moral portions. Unfortunately some advocates of the diversity theory, blinded by local prejudices, have attempted to justify slavery on the ground of diversity of the human race. But how is it in regard to the Bible, upon which the unity theory is alleged to be based? Does Dr. Coles really need to be informed of a fact so notorious, that almost the whole clergy of almost one-half of the States of this glorious Republic are willing not only to prove slavery as *founded upon the Bible*, but to own, and traffic in human flesh?

But enough has been said upon this alleged bearing of the Scriptures upon this question. I shall, in order to be understood more perfectly, and to avoid any misconstruction, set down the following points, which have been argued so far, and which it will be proper for Dr. Coles to contend:—

1. *Ethnology* being like any other science, for instance, astronomy, based upon the study of phenomena, their resemblances and differences, it can only be studied by investigating the facts connected with these phenomena.

2. *Ethnology* being a science capable of improvement, a fact which cannot be denied, it *never has been* nor ever can be the subject of *revelation*. Revelation is at once perfect and forever perfect, cannot be *improved* by *man*, and cannot therefore apply to any part of human science, which we know from experience to be imperfect, and hence capable of progress.

3. The Bible being intended as a *moral* and *religious* code, it is the highest of follies to attempt to make it an authority in any *physical* science. It is not only folly to do so, but actually profane and impious.

4. It is no more a proof of infidelism to believe in the diversity of the origin of mankind, than it is a proof of infidelism to believe that the earth moves around the sun, though the clear and unequivocal language of the Bible implies that the sun moves around the earth.

5. The dragging of the Bible into this ethnological question, is hence not only uncalled for, but highly objectionable, because *revelation* is thereby lowered down to the level of an *imperfect* science by *those* who adduce it in evidence.

I still hold that the establishment of the diversity theory as a scientific fact, will not alter the affections and love of one race

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towards another. Dr. Coles quotes Humboldt. Humboldt is certainly good authority. But he, like many other men of science, is authority only so far as facts are concerned. As Dr. Coles has probably taken his quotation from *Types of Mankind*, p. 60, I will add the commentary of Dr. Morton, to be found on the same page:—

"Humboldt's word *désolante* is true in sentiment and in morals; but, as you observe, it is wholly inapplicable to the physical reality. Nothing so humbles, so crushes my spirit, as to look into a madhouse, and behold the drivelling, brutal idiocy, so conspicuous in such places; it conveys a terrific idea of the disparity of human intelligence. But there is the unyielding, insuperable reality. It is désolante, indeed, to think, to know, that many of these poor mortals were born, were created so! But it appears to me to make little difference in the sentiment of the question, whether they came into the world with their wits, or whether they lost them afterwards. And so I would add, it makes little difference whether the mental inferiority of the Negro, the Samoyede, or the Indian, is natural or acquired; for if they ever possessed equal intelligence with the Caucasian, they have lost it, and if they never had it, they had nothing to lose. One party would arraign Providence for creating them originally different, another for placing them in circumstances by which they inevitably became so. Let us search out the truth and reconcile it afterwards."

To every word of which I subscribe. If Humboldt, or any other scientific authority, argues that the unity theory does away with the "distinction désolante des races supérieures et des races inférieures," it is only a sentimental phrase which does not disprove the distinction as it in reality exists. The sentence quoted by Dr. Coles bears on its face the philosophy of expediency. Much nearer to the truth, perhaps, would Humboldt's be, had he written: "Nous maintenons l'unité de l'espèce humaine, seulement pour réjeter la distinction des races supérieures et des races inférieures, parce-que nous n'osons pas d'opposer prejudices universels." The fact that the negroes are actually of a lower intellectual capacity, may be désolante, but it destroys not our common brotherhood, because in their moral attributes, their joys and fears, their longings and yearnings, they are undoubtedly our equals.

One more quotation from Humboldt—one, by the way, which I Italicize for the especial benefit of Dr. Coles. The illustrious

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author of *Kosmos*, in a letter to Dr. Morton, says: "Les richesses craniologiques, que vous avez été assez heureux de réunir, ont trouvé en vous un digne interprète. Votre ouvrage, Monsieur, est également remarquable par la profondeur des vues anatomiques, par la detail numérique des rapports de conformation organique, *par l'absence des* REVERIES POÉTIQUES *qui sont les mythes de la physiologie moderne*," etc. Further on, Humboldt says that he would profit from Morton's views on the distribution of the human races, in his *Kosmos*. My only object in adducing this quotation, besides the Italicized portion, belonging to Dr. Coles, is to show the remarkable difference with which Morton's labors are viewed and appreciated by Humboldt and by Dr. Coles, who says that "Dr. Morton has determined the facial angle, and the dimensions in cubic inches, of a few crania collected by him from various parts, *and what a clatter has been made about it.*" It might almost be inferred that Dr. Morton's labors were all humbug, from the manner in which Dr. Coles speaks of them. And yet Prof. Carus himself, a most distinguished naturalist and ethnologist, speaks of Morton in glowing terms, and frequently quotes him as the most reliable authority. (Ueber ungleiche Befaelrigung der verschiedenen Menschenstaemme fuer hoehere geistige Entwiklung.) I suggest to Dr. Coles a careful perusal of Morton's works, before he ventures upon another criticism of the father of American ethnology.

Dr. Coles goes into quite a lengthy argument that a race is capable of being changed into another by external influences. He adduces a few examples, where the brutalizing influences of hunger and ignorance are said to have changed a number of Irishmen into another race! And what do these few examples prove? Why, that by hunger and starvation, the vicissitudes of climate, etc., a *man's physiognomy* is changed. For that matter, a child affected with marasmus changes its race. But pray, what race does it change into, if the patient be white? what race, if he be a negro, Malay, or an Indian? Of course a *community* haunted by starvation and other brutalizing influences, like an individual exposed to the same agencies, will have more projecting cheek-bones, because the adipose and muscular tissue waste away; of course they will have, from the same reason, large mouths, and projecting jaws and gums; but to say that a community degene-

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rated by such *morbid* influences will continue so, when placed beyond the influences that produced their deplorable condition, is contrary to all experience—it is absurd. And only then would these examples prove anything; for within the scope of experience no negro, or any individual of an inferior race, though placed in the most *favorable* circumstances, has ever emerged from his pure specific type into less brutish-looking features and physique, provided no intermingling with a higher race has taken place. I have no objection to Hugh Miller's authority as a geologist, no objection to him even as an ethnologist, so long as his authority refers to *facts*. When he, however, descends to possibilities and probabilities, anybody's opinion is as good as his. I am not willing to take the mere *dicta* of any man, no matter how high his authority. His assumption that "all the existing nomades and paupers of a land would gradually pass into distinct races," is, to say the least, but a "réverie poétique." Take the most wandering race under the sun—the Jews—and they have preserved their type for four thousand years *perfectly*. Often suffering want, carried into captivities, enslaved, cast into deserts and out of society, scorned, persecuted, enduring sufferings which stamp them the Job of nations, they yet stand up in each quarter of the globe, under the glowing rays of a tropical sun, and in the frozen snowfields of Siberia, trading with the Arab in the desert, and striking a bargain with the pioneer of the far West, a living monument of the grand law that governs mankind—permanency of type. Take the gypsies, that curious race, roving through Asia and Northern Europe, around Italy and the hills of Scotland, presenting for centuries the same type; look

> "At their bushy and raven locks,
> And at their faces so brown"—

and then talk about external influences changing the type of a race. After adducing such ludicrous examples to prove the change of one race into another, Dr. Coles continues: "It were easy to multiply examples, almost without limit (sic!), of this capacity for variation in the human race. The influence of climate is illustrated in the case of the Jews. . . . . We find people of the black skin and woolly hair everywhere, in the same latitude and longitude, and speaking the same tongue, with those of a white skin and wavy hair. *We find black Jews* in *Malabar*,

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and black Arabs in Nubia, where their claims to pure blood are undoubted."[1]

Can Dr. Coles complain of my making a little merry at his expense, when he gives so just provocation? There is no authority capable of speaking knowingly about the matter, geographical or ethnographical, that does not accept that the black Jews of Malabar are not descendants of the white Jews, who have been metamorphosed into blacks, but simply converts to the Jewish religion, natives that have been brought up in, and subsequently with their descendants adhered to, the religion of Abraham. We might as well argue that the negroes must have been transformed from Methodists because Wesley was a white man, and there are now colored Methodists! And why is it, by the way, that, as we are informed by Lessing, in one of his essays on art, negroes, converted to the Romish church in some Portuguese colonies, have depicted the holy Virgin as a black woman?

The Reverend Claudius Buchanan, who spent considerable time among the white and black Jews at Malabar, discards the idea that the black Jews are transformed white Jews, but he advocates that they are of "impure caste, which proves that they do not come from a common stock in India." See also the pertinent letter of Mr. Raphael (*Types of Mankind*, p. 122): "They (the white Jews) never intermarry with the second community, also Jews, but black, of Hindoo origin, and, according to tradition, originally bondmen, but converted and manumitted some 300 years ago. Though of the same religion, the two races are and keep distinct. In the interior of Africa, many negroes are found who profess to be Jews, practise circumcision, and keep the Sabbath. These are held to be the descendants of slaves who were converted by their Jewish masters and then manumitted. All the Jews in the interior of Africa who are really of Jewish descent, as for instance in Timbuctoo, the desert of Sahara, etc., though of dark complexion, are not black, and retain the characteristic caste of features of their race; so they do likewise in China."

Dr. Coles remarks: "It is by grace of courtesy, rather than by the necessity of evidence, that we admit so great an antiquity as

[1] Italics my own.

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3000 years even to those monumental remains of Egypt, which it is claimed exhibit to us the Negro, the Copt, and the Jew," etc. I ask no admission by grace of courtesy at all, in a discussion where truth alone is the object, but I hold that it is very necessary to substantiate assertions that are offered in evidence. If Dr. Coles objects to monumental evidences, because they are the caricature outlines of rude drawings, he ought to show, by some well-known laws of art, *wherein* these drawings are caricatured; and if he objects to the correctness (as far as historical dates of periods so remote can be correct) of Egyptian chronology opposed to the most recent and best authorities, let Dr. Coles point out at least some particular points, which induce him to adopt such views. Mere assertions cannot avail.

"An American abroad is at once recognized as such," because, argues Dr. Coles, "he has, in a few decades, perhaps centuries, undergone such changes as stamp him a specific and distinct race." Horribile dictu! I recollect when a schoolboy I rambled with my classmates through the streets of the good old town of Heidelberg; we used to recognize at once every Englishman, by the brim of the hat and the cut of their garments, and we hardly ever made a mistake; just as the boys here recognize a "Dutchman" by his cap and his coat-tail. Certainly very distinctive ethnological marks. I know a family of negroes, who have lived here for a hundred and fifty years, and there are Caucasian families here yet older, and there is neither a change to the white in the one, nor to black in the other, showing that the same influences that keep the negro black, tend also to keep the white man white, under the same climate. Nothing short of intrinsic specific laws of organization can explain this. Europeans are never transformed into Malays, American Indians or Negroes, in Asia, America, or Africa. George Pinkard (*Notes on the West Indies*, 2d edit., Lond. 1816, vol. i. p. 310–13) relates that he saw at Barbadoes an English family of which the children constituted already the *sixth* generation, and they differed in nothing from Englishmen.

The reasons why I cannot believe in a miraculous intervention by which the white man was changed into a negro, I have stated in my former article. Dr. Coles even seems to acknowledge the improbability of such an hypothesis, if I can judge from the

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manner in which he escapes, Yankee fashion, the question, by asking one in return: do I believe in the doctrine of a particular Providence? If I do, that does not yet force me to accept a *particular miracle.*

Dr. Coles lays great stress upon the mysterious tanneries of nature, in changing the complexions of men and altering the tinge of their skins. After quoting the examples of transformed Irishmen, to which allusion has already been made, he says: "The influence of climate is illustrated in the Jews;" and then he quotes: "*While a fixed physiognomy declares the unity of the people*, every shade of color clothes with its livery the body of the Jew, from the jet black of the Hindoo to the ruddy white of the Saxon." Evidently, reference is here made again to the black Jews of Malabar. With these I have done. My object is to expose Dr. Coles' logic in this instance, or rather his complete failure to prove, by his authority, what he intends to prove. He speaks of the influences capable of changing a race. He speaks not only of color, but of advancing cheek bones, projecting mouths, etc. His whole strain of argument is to prove that all these differences may be produced by external influences, and he quotes a learned author to substantiate his assertions. And what does his author say? "That while Jews are as other Caucasians liable to have their skins tanned (the *Hindoo's* '*jet black*,' referring to the Malabar Jews, excepted), *a fixed physiognomy declares the unity of the race.*" Does not the reader perceive that permanency and unity of type, and their twin-sister specific difference, are strongly overshadowing this sentence? The whole resolves itself into this: that not every Jew is a Jew, any more than every member of the Reformed Dutch Church is a *Dutchman*, or every Roman Catholic a *Roman.*

"Providence never multiplies force for the accomplishment of an object. A single centre being sufficient, it is unphilosophical to suppose more." So say we; but with the difference that we deem *one centre* sufficient only for *one* race, because there are no known influences or natural forces that can transform one race into another, and because, as far as experience and facts teach us, no specific type of man has ever been changed into another. I quote from Rudolphi: "Entirely false appears the supposition that all men originate from one pair, when we look at their differ-

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ences. Never has a degeneration been observed, in races, that remained unmixed, even in the most various climates."

Only one objection have I to raise to Dr. Coles' remarks on Agassiz's theory of primordial centres of creation; the rest may pass. Dr. Coles remarks: "The first (fauna and flora of the globe) may have different centres of distribution, because, being intended to be local, they were created in different localities, and were shut in by barriers which they could not pass." I am astonished to hear Dr. Coles advance such extremely heterodox views, against the plain inference of the Scriptures, which exclude different centres of creation for animals, by allowing but one pair for each genus. Or does Dr. Coles deal with Noah's Ark as he does with Biblical astronomy?

While speaking of centres of *creation*, it is but proper to say a word about *centres* of *culture* and *civilization*. According to the unity doctrine, culture must, like *sin*, and everything else, have proceeded from *one* centre. Like a cold shower bath must the following extract from *Humboldt*[1] act upon such delusions: "History, as far as it is based upon human testimony, *knows no* primitive nation (Urvolk), *no* common first seat of culture, *no* primitive physics (urphysik), or natural philosophy, the splendor of which had been darkened by the sinful barbarism of later centuries. In gray antiquity, on the furthest horizon, as it were, of true historical knowledge, we perceive simultaneously several resplending points, *centres* of culture, that reflect their light upon each other: f. i., Egypt, at least 5000 years before our era, Babylon, Nineveh, Kashmir, Iran, and China," etc.

If it must be acknowledged that there are and have been distinct centres of culture, and developing civilization, the conclusion is near at hand that there were also distinct *centres of origin*. It might appear as if Humboldt reserved further light to be thrown upon the subject from Divine testimony. But such is not the case, if the reader will but read attentively the following: "*A primitive natural philosophy, revealed to the first race of man*, belongs to a sphere of knowledge, or rather *belief*, which is foreign to this work" (*Kosmos*).

[1] Not having the English translation of "Kosmos" on hand, I translate from the original.

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It was a matter of sorrow, not only to myself, but probably also to many readers, that Dr. Coles could not make it convenient to touch upon the interesting and important subject of hybridity. The Reverend Dr. Bachman's "triumphant refutation" of Morton's essay may have been a very clever thing in the opinion of "good judges," especially such that like the odor of roasted heretics and fried infidels, but in the eyes of the best judges it was a most ridiculous failure. It may also be true, as Dr. Coles asserts, that *most* enlightened naturalists of the age agree in the opinion expressed by Lyell, but it can also not be denied that *many* do not, and that the latter are as good authority as the former. *Facts* must hence decide, else we swear implicitly, by the beard of the Prophet, "It is an entirely arbitrary hypothesis that only animals of the same species can cohabit successfully, or that the offspring of mixed parents remain unprolific." (Rudolphi.) The mingling of goats and sheep is well known. For other examples we refer to Sprenger, *Opuscula Physic. Math.*, Hannov., 1753, p. 25–48: De avium hybridarum virtute generendi usque ad tertium generationem observatio. The examples of wolf and dog have been alluded to. See especially, also, the cases collected by *Hellenius*. Not wishing to lengthen this article, I will endeavor now to increase the catalogue of facts which show that the successful intermingling of races of men is no proof that they are not distinct species. If a thousand Lyells were to write a thousand books, of a thousand pages each, they could not disprove *the fact* that distinct species of animals have brought forth prolific offspring, that were prolific among themselves.

But a few words in reply to Dr. Ewcorstart: "The attempt to prove the negro akin to the monkey is not supported by a single physiological, anatomical, or psychological fact." Dr. Ewcorstart entirely misrepresents the argument of his opponents. The very fact that we call the negro a *distinct species of mankind* is proof that we do not consider him a species of monkey. The nine points, then, which Dr. E. brings forward to oppose the diversity theory, are so many empty bubbles. He might have produced nine hundred and ninety-nine points of dissimilarity between the monkey and the negro, and it would not yet amount to an argument against the diversity theory. It is true Dr. Forwood strongly argued the connection between the negro and the

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lower animals; but all he wished to show, if I understood him rightly, was that the negro is *that link* in the genus homo which connects *that genus* nearest with the other of animals: that is all. Or does the Caucasian constitute that link? Or can man be entirely isolated from the rest of the animal kingdom? The transformed colony of Portuguese, and the Congo Jews, are also reproduced by Dr. E., I hope for the last time in this discussion.

One assertion Dr. Ewcorstart has yet to make good, namely, that sheep have wool in cool countries, and hair in hot countries. If he can show that the same species of sheep, transplanted into a hot country, has its wool turned into hair, it will be a very good argument on our side; for it will disprove the assertion of the unity theorists that a hot sun changes hair into wool. Sapienti sat!

Since the above was written, the January number of the REPORTER has come out, with the articles of Drs. Johnson and Denny. I have nothing to say in reply to Dr. Johnson, as all the important points of his argument have already been touched in my remarks upon Dr. Coles' article. It remains for me only to second Dr. Denny's call to order, and to express a hope that Dr. Denny will give us his views on such "undoubted truths" as relate to this question as soon as order is restored. It is time that this discussion should assume a more calm and less desultory character. I am in favor of the greatest possible freedom of speech, but it is time that the negative should cease using the pages of the REPORTER, or any other journal, to heap odious epithets against those who, though differing from them, aim at "undoubted truth." Let them search for argument among the palpable facts of the history of the human races. They will there find the most unequivocal proofs of diversity, not only in color, cranial formation, but in culture, intellectual development, and manifest destiny. Let them search among the fragmentary ruins of those mighty nations that have gone before us, of whom but few representatives have survived the grand laws of typical development and decay. Let them turn to a contemplation of that greatest of all revelations of God to man—nature, and study her majestic lessons of undoubted, undoubtable, never changing truths. And before all, let them consider that the moral and

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religious attributes of being, the only attributes wherein a unity exists, a *revelation* which is intended to be *universal* can only apply to moral and religious, but to *no other* class of truths.

Art. IV.—*The Negro—Not a Distinct Species.* By John K. Ewcorstart, M. D., Boston.

When this discussion was first commenced, I hoped in common with many others, that new facts would be developed, and additional light thrown on this interesting subject. But, after waiting nearly a year, I find the question *in statu quo*, and with no probability of a change for the better, or that the affirmative will have the temerity to discuss it on its merits.

At first we were instructed to regard the negro as a distinct species; but this position having been found untenable, we are now expected to adopt him into the great family of men, and consider him a legitimate offspring; not exactly like ourselves, but a scion from the same stock. This is a wonderful change of colors; the "profound gulf without connection or passage which separates the human species from every other,"[1] has been closed, and the brutal negro has become a human being! If a little research has produced such a miraculous change in the affirmative, what may we not expect if it is continued? I think the change is partially due to the reaction produced by the reading of Nott and Gliddon's silly book. If there is any of it left which has not been copied into the Reporter, let us have it. It is the main reliance of the affirmative, and I am in favor of their making the best use they can of it, though they must not expect us to discuss anything which does not legitimately come within the discussion. So far, they have not made a single point; their assertions are not backed up either by facts or arguments. "Is the negro a distinct species?" If he is, what are the facts which sustain this conclusion? How is man distinguished from other animals? Is it by his color, his features, the form of his skull, the convolutions of his brain, the capacity of his pelvis, the di-

[1] Blumenbach.

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rection of his stomach, the arch of his foot, his ability to speak, to reason—what? Let us know what constitutes a difference in the species, then the question will be a plain and simple one, which may be discussed with pleasure and profit. Varieties are found among most animals. It is well known that when they become isolated they perpetuate their own peculiarities; and no one supposes for a moment that the species of the animal is changed with the color. The black horse remains a horse, and the black sheep remains a sheep; but black horses do not look like white horses, neither do black sheep look like white sheep. To say that a black man with frizzled hair, does not look like a white man with straight hair, is to say what no one will pretend to deny. But, will any one attempt to deny that many white men have frizzled hair, or that a portion of the Caucasian race is black. On the other hand, it is known that many negroes have straight hair, and that white men have been found in Africa. In this country, the negro's condition prejudices his case. Men rarely see talents and virtues in those whom they have oppressed. Our love for him consists in our capacity to wrong him. We have a peculiar method of treating him. We use him worse than we do brutes, and punish him as a creature of the highest intelligence. In most of the slave States there are many laws against crimes, which, if committed by the slave, are capital offences, while the same acts, if committed by the white man, are not even misdemeanors! If the black man's ability to perceive his moral responsibility is so much greater than the white man's, why consider him a man only when he disobeys his master's orders, or infringes the laws? Or if he does not know better, why punish him for a crime, the sinfulness of which he is incapable of conceiving? Is the black man morally accountable to God, or is he not? Has he a right to murder? Has he even the right to steal? If he has neither the right to murder nor to steal, it is on account of his intelligence and moral responsibility which teach him its sinfulness. If this is admitted, then he is a man; for the moral and intellectual faculties belong only to man. If the black man is not a man, then there is no harm in his stealing or committing murder! No sane man would think of sending a monkey to the State's prison for stealing a bag of money; nor would he think of hanging, or imprisoning for

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life a horse that had wilfully kicked out a man's or a horse's brains. The monkey would be acquitted without trial, and if the horse should be killed, it would be because he was vicious, and might do the like again. But no one believes that the imprisonment of a thievish monkey, or the hanging of a vicious horse, would prevent other thievish monkeys and vicious horses from committing like offences. Man alone is responsible for his actions, and if the black man is a man when he steals or murders, he is a man when he does not steal, and when he does not murder; and those who pretend to hold that he is a distinct species, would be a little more consistent if they would not hold him responsible to laws, which, according to their arguments, he cannot comprehend. This kind of treatment reminds one of Lorenzo Dow's reply when asked to define Calvinism. He said—

> "You can and you can't,
> You will and you won't;
> You'll be damned if you do,
> And you'll be damned if you don't."

This is the position of the negro. He is prejudged. Let him be wise or ignorant, a brute or a man, his color is his crime, and his labor the penalty.

There are two sides to this question, and I have no doubt but that, before this discussion is closed, the truth will be fully unfolded. We are very severe on the negro. In every respect in which we suppose him to differ from us, we regard him as monstrous. We set ourselves up as models of perfection, and regard that which approaches nearest us as nearest perfection, and that which recedes the most from us as nearest imperfection. We are a vain race. Upon what principle do we conclude that white is superior to black? I do not believe that *He* who made the black bear was a less perfect artificer than when he made the white bear. Our prejudices rule our judgments. We ought not to suppose that *le ciel sur nos souhaits ne règle pas les choses ou porte prejudices.* We must also bear in mind that the negroes in this country have descended from the most degraded and deformed of the Africans, and cannot be considered as samples of the race, any more than the sandhillers of South Carolina may be considered as samples of the Anglo-American race. Besides, in this country the negro has not had the disposition to cultivate

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the features of his oppressors, and while we have been pinching up our children's noses, a club has often been flattening theirs; and while we have been cramping our children's feet in tight shoes, theirs have been obliged to go barefoot. But, in Africa, where our standard is neither cultivated nor admired, regular features are often found. Winterbottom says: "In Africa almost every gradation of countenance may be met with, from the disgusting pictures too often drawn of them, to the finest set of European features." Adanson says, that "the Senegambian women are equally well made with the men; their skin is of the finest texture, and extremely soft; the eyes are black and large; the mouth and lips small, and all the features well proportioned; several are really beautiful." Lawrence[1] says: "The physiological characters of the negro are as loosely defined as his geographical description, for among negroes there are several, who, in the smoothness of hair and beauty of form, excel many Europeans." Pigasetta states that "the Congo negroes, except in color, are very like the Portuguese." Le Maire thinks that "the negresses, except in color, are as handsome as Europeans." Lobo boasts of the beauty of the negroes of Abyssinia; Bosman, those of India; Ledyard and Lucas, those of Jaloff. Adanson says: "Those of Senegal are the finest men of Nigritia; their form is without defect, and they have no maimed amongst them." Golberry[2] says that "the Jaloff women are mild, very pretty, well made, and of agreeable manners." Dr. Philips[3] speaks of a family of Bechuanas whom he visited, "whose countenances and manners discovered marks of cultivation which *would have been admired in an English drawing-room.*" Iseret[4] says: "Almost all the negroes are of good stature, and those of Acra have remarkably fine features. The contour of the face, indeed, among the generality of the people, is different from that of Europeans; but, at the same time, faces are found among them which, excepting the black color, would in Europe be considered beautiful." Cosigny saw, at Gorce, a negress of great beauty, with imposing form and Roman features. Ligon speaks of a negress in the Isle of St. Jago, who possessed "*such a degree of majesty and beauty that he had never seen her equal.*" Chasle applies this eulogium to all the negroes

[1] Lawrence's Lectures. [2] Golberry's Travels. [3] Philips' Researches.
[4] Philosoph. Magazine, vol. iii. p. 144.

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and mulattoes of the Isles of Cape Verde. Sturge and Hervey[1] observe, that, "in looking over a congregation of blacks, it is not difficult to lose the impression of their color. There is among them the same diversity of countenance and complexion as among Europeans; and it is only doing violence to one's feelings to suppose for a moment that they are not made of the same blood as ourselves." And Pringle[2] says: "One man of the Tamaha tribe was, I think, *the finest specimen of the human figure that I ever beheld in any country*, fully six feet in height, and graceful as an Apollo. A female of the same party, the wife of a chief, was also a beautiful creature, with *features of the most handsome and delicate European mould.*" Blumenbach says: "Of the negroes of both sexes which I have examined in very considerable numbers, as well as in the portrait and profile of others, and in the numerous negro crania which I possess or have seen, there are not two completely resembling each other; they pass by insensible gradations into the forms of the other races, and approach to the other varieties even in their most pleasing modifications. A creole which I saw, who was born of Congo parents, had a countenance of which no part, not even the nose, and rather strong marked lips were striking, much less displeasing. *The same features with an European complexion would certainly have been generally agreeable.*" Dr. Bachman says: "Among many skulls of negroes and Europeans which are now before me, I find some where the races approach each other so nearly, that it requires much attention and a practised eye to distinguish between them, *and were we to give the white color and straight hair of the Caucasian to some of the skulls of the negro, the most practical anatomist and physiologist might easily be deceived.*" This position is beautifully illustrated by those who cater to American prejudice against color—I refer to the Negro Minstrels. They practically demonstrate that the supposed breach between the races is not a wide one, and that it is in the color and not in the features that the races are widely different. For every one must have observed that a little coloring matter transforms the regular Caucasian into the exaggerated negro.

If we reject the Bible, it is difficult to get a starting point. There is much philosophy in the French saying, *Il n'y a que le*

[1] Sturge and Hervey's West Indies. [2] Pringle's Sketches of South Africa.

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premier pas qui coute. There is but little data for an argument on either side, and none for a demonstration. As the affirmative seem shy of the subjects, I will offer an opinion: I believe that when God made man, the most perfect of all his works, he made his complexion the most beautiful. White is not a color, it is a combination of all colors; black is not a color, it is the absence of all color, and is, therefore, the most perfect. *Black is undoubtedly the natural color of man, and white is the exception.* Most of the opponents of the theory of the unity of the races, admit that the negro is the oldest of the races, and as his earliest abode appears to have been in a tropical climate, I am inclined to believe that the first man was an African. Dr. Pickering[1] seems forced into this belief, for he says: "Zoological considerations seem to favor a central place of origin on the African continent, and confirmatory circumstances of a different character are not wanting. It will follow," says he, "that if Europe was the home of the white man he would be born with natural clothing, and with at least some inherent provision securing the maintenance of life without aid from art. Man, then, does not belong to cold and variable climates; his original birthplace has been in a region of perpetual summer, where the unprotected skin bears without suffering the slight fluctuations of temperature. He is, in fact, essentially a production of the tropics, and there has been a time when the human family had not strayed beyond these geographical limits. Nature has not produced a species in different parts of the globe."

The tendency to become white is by no means common to man, but occurs in many wild and domesticated animals. The dog, cat, goose, duck, rabbit, and fowl exhibit this phenomenon. Blumenbach speaks of white monkeys, squirrels, rats, mice, moles, opossums, weasels, and roes; Shaw, of white foxes and buffaloes; Barrow, of white rhinoceros; Symes of white elephants; Keame, of white badgers and beavers; and Elephanstone, of white bears and camels.

I believe that the present white race sprang from *albinos.* That they were treated by the blacks as inferiors, and were persecuted; and that ill treatment drove them from their native land to cli-

[1] Pickering on the Races of Man.

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mates less congenial, where they could not live without labor and industry, which must have necessarily improved their wits, where they increased and multiplied and spread into colder regions.

The arts and sciences did not originate with them, or in Egypt or in Persia. Ethiopia is undoubtedly the birthplace of man. Civilization appears to have taken its rise in this country, and clear-sighted historians place them in the highest rank of civilization. Indeed, so renowned was she in ancient times, that it is still a disputed point, as to whether civilization descended the Nile from Ethiopia to Egypt, or ascended from Egypt to Ethiopia. Learned men pretty generally regard Ethiopia as the true cradle of civilization. The art of architecture is found here in its rise and progress, while in Egypt it is found in its greatest perfection. "In the neighborhood of Meroë is the Ammonium, or ancient Temple of Jupiter Ammon, within whose labyrinths, passages, and courts, was contained the oracle of the King of the Gods; the variety of sculpture and hieroglyphics on this monument is truly remarkable; no trace of Egyptian art is discovered here, and the few figures on the pillars have nothing in common with it. Thus, then, has been ascertained that remarkable spot of antiquity generally regarded as the cradle of the arts and sciences, where hieroglyphical writings were first discovered, and where temples and monuments had been constructed while Egypt remained ignorant of their existence, and the land, afterwards called that of the Pharaohs, was unadorned with monuments."[1]

There are many erroneous assertions made in the quotations in the February number. As we are not discussing the merits of Nott and Gliddon, they are not properly before us. Let us have the points upon which the negro is condemned, and discuss them. I would say, however, that I am surprised that the numberless assertions are not attempted to be supported by facts. Of the "thirty-five anatomical peculiarities" of the negro, thirty of them do not exist; the other five exist only to a limited degree, and are by no means peculiar to the race. If there is anything original on the affirmative, I should like to hear it; or if they have any arguments, I hope they will be brought forward. But

[1] Encyclopedia Britannica.

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to ask such questions as, "Can any one call the name of a full-blooded negro who has written a page worthy of being remembered?" when it is a matter of history that Blumenbach collected a large library of books written by negroes, is preposterous in the extreme. For the sake of the argument, I beg leave to insert this page, written by a negro, which I believe is not only worth "remembering," but which shows what the negro can do with a fair field before him. It was written by Baron de Vastry, one of the counsellors of Christophe, himself a pure negro, who published some reflections on the state of Hayti, about thirty-five years ago, in which he says: "Five and twenty years ago, we were plunged in the most complete ignorance. We had no notion of human society, no idea of happiness, and no powerful feelings. Our faculties, both physical and moral, were so overwhelmed under the load of slavery, that I, myself, who am writing this—I thought the world finished at the line which bounded my sight, and my fellow-countrymen were as ignorant as myself, and more so, if that were possible. I have known many of us who have learned to read and write without the help of a master. I have seen them walking with their books in their hands inquiring of the passengers, and praying them to explain the significance of such a character or word, and in this manner many already advanced in years became able to read and write without the benefit of instruction. Such men have become notaries, attorneys, advocates, judges, administrators, and have astonished the world by the sagacity of their judgment. Others have become sculptors and painters by their own exertions, and have astonished strangers by their works. Others, again, have succeeded as architects, mechanics and manufacturers; others have worked mines of sulphur, fabricated saltpetre, and made excellent gunpowder, with no other guides than books of chemistry and mineralogy. And yet the Haytians do not profess to be a manufacturing and commercial people. Agriculture and arms are our professions. Like the Romans, we go from arms to the plough, and from the plough to arms." Hayti, sixty years ago, was a great slave plantation; now, in commerce, she stands the eighth nation in the world, and her revenue is very large. She is a practical demonstration of what the negro is capable of doing. I challenge the affirmative to show any portion of the Caucasian race which

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have been enslaved and made so great progress in so short a time, or who have ever gained and maintained their liberty by striking manfully with the sword.

ART. V.—*Abstracts prepared expressly for the* REPORTER *from Exchanges received at this office and from other sources.*

(*a.*) SURGICAL.

1. *Syphilization.*—This subject seems just now to be agitating several portions of the medical world. We extract the following from the *N. Y. Journ. of Medicine* for January. M. Sperino, of Turin, who has been making many experiments, states that it is now proved:—

1st. That syphilization gives safety as regards the syphilitic virus.

2d. That it causes the disposition of the accidents of constitutional syphilis.

3d. That it ameliorates the general health of the persons submitted to this kind of treatment.

The great question to be solved is this: Is the syphilitic diathesis completely and forever cured by syphilization?

After the use of mercury, or iodide of potassium, it is not rare to see the symptoms reappear after they had completely disappeared. Is it so after syphilization? Is not the organism disturbed after syphilization? and is there no danger for children of people who have been submitted to it, &c.?

M. S. answers to these:—

1st. That it seems quite natural to admit the radical extinction of syphilis by syphilization, when we think that a small amount of virus creates symptoms, constantly increasing, if there is no treatment, while, after the inoculation of a vast amount of virus, there is a constant decrease of the symptoms, until they have completely disappeared. It has been so in more than 200 persons.

2d. There are many individuals in whom a perfect cure now persists for five, six, or seven years; and if some persons have been attacked again, it is that syphilization has not been carried far enough, or that the inoculations have been too frequent at once, or that a mercurial treatment had been used. But when new inoculations have been made, cure has been obtained.

3d. The general health, after syphilization, is as flourishing as possible.

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4th. Constitutional syphilis, much advanced, and even a state of syphilitic cachexia, complicated with favus, has been completely cured in two women, and favus also has been cured, by syphilization alone, which is very likely the consequence of the general health having become good.

5th. A woman, cured by syphilization in 1852, had a boy in good health, but unfortunately she abandoned her child, and it has been impossible for M. S. to find him in the Foundling Hospital.

6th. Syphilization cures not only syphilis in adults, but in children, as Mr. Breck has shown. Out of nine children cured by M. S., three had hereditary syphilis, which had reappeared after treatment by mercury.

7th. In two girls, æt. 13 and 21, who had taken syphilis while nursing, a dreadful state of cachexia existed, which ceased in one of them after three months, and in the other after two months and a half of syphilitic inoculations. Their health became flourishing, and regular menstruation came on in the oldest.

8th. Syphilization, in a case, has had a very favorable influence on the production of milk in a nursery woman.

The reader, for more details, is referred to the paper of M. Sperino in the *Gazette Méd. de Paris*, 1857, p. 656.

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2. *Treatment of Malignant Pustule.*—M. Raphael (*N. Y. Journ. of Medicine*), a learned physician of Province, a pupil of Nélaton, has astonished the Académie de Médecine by announcing that he had cured four patients attacked with this carbuncular affection by merely applying the leaves of the walnut tree on the pustule. Many doubts have been expressed concerning the possibility of such cures, and it has been asserted that M. Raphael must have made some mistake in the diagnosis. A physician of the South of France, where this affection is frequent, had already treated with success *forty* patients by the application of walnut leaves. It is difficult to admit that errors of diagnosis have so often been made. Two able physicians, Messrs. Salmon and Mannoury, have nevertheless tried to prove that very frequently ordinary carbuncular affections are mistaken for malignant pustules, and they assert that the only means of deciding the nature of the disease is to inoculate the pus in animals, and ascertain if it be contagious or not. Besides, they relate a case in which the application of walnut leaves has been followed by death.—*N. Y. Journ. of Medicine.*

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3. *Tincture of Benzoin as a Remedy in Epistaxis.*—In the *American Medical Monthly* for February, a very interesting case of epistaxis, treated by the tinct. benzoin, is given by Prof. B. F. Barker. All the

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usual remedies had been tried previously, as the child was subject to such attacks, but without effect, and exhaustion was evident. The child not being willing to have the operation of plugging performed, by the sound of Belloc, Prof. B., having been accustomed to arrest the severe hemorrhage resulting from malignant ulceration of the cervix uteri by painting over the diseased surface the tinc. benzoin comp., injected about a drachm, by means of a small syringe, up the nostril. For a moment or two, the child complained bitterly of a severe burning pain in the nose, extending back to the ear, but it very soon subsided, and the hemorrhage entirely ceased within five minutes after the injection was used. No hemorrhage has since occurred, and the general health has improved in the most remarkable manner, under the steady use of the syrup of the phosphate of iron.

He mentions another case of a gentleman, who, after his morning dejection, had for several days lost a great deal of blood; but one morning, so much was lost as to induce complete syncope. With a small syringe, a half ounce of tinct. benzoin comp. was injected into the rectum, and its effects were quite striking. He was at once aroused from his syncopic condition, and began to dance about the room in a most lively manner. Since that time, he has suffered neither from the hemorrhage nor the piles, and his general health has become excellent.

4. *The Escharotic Treatment of Cancer.*—The *Medical Monthly* copies from the *Edinburgh Medical Journal* an article by Prof. Syme on the escharotic treatment of cancer, from which we cull the following remarks.

Mr. Syme is very severe in his animadversions on the conduct of the medical officers of the Middlesex Hospital, for the part they played in giving notoriety to the quackery of Fell, the "American cancer-curer." He should have exposed the ignorance of these gentlemen in granting to Fell the claim of originality in the mode of application of his caustic. Had they turned to almost any old medical dictionary or surgical work, they would have found that it was a very old and long since exploded plan of introducing escharotics.

Mr. Syme says:—

There are so many diseased conditions apt to be regarded as incurable, although not really so, that the most careful discrimination is required to prevent their successful treatment from being erroneously assumed as ground for belief in the curability of cancer. But the empirical practitioner is neither able nor willing to make such distinctions; and so far from endeavoring to dismiss the unfounded apprehensions of a patient, will always be anxious to cherish and increase them, in order to enhance the value of his pretended services. Thus, if a tumor of the breast, supposed to be carcinomatous, should be a serous cyst requiring merely evacuation and irritation of the surface, or a fibrous growth re-

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movable without further disturbance of the gland, or a chronic abscess, or even nothing more than that simple engorgement and painful state so common in females whose health is out of order, the quack will not vary his practice, or scruple to make the unfortunate patient pass through all the horrors of a prolonged escharotic treatment. Indeed, I once saw a poor woman who had both of her breasts destroyed by caustic, although there was distinct evidence that neither of them had been at all diseased.

In regard to the comparative time and danger of cutting and caustic, there can be no doubt that, so far as the first of these points is concerned, the former mode of relief is greatly preferable; while, as to the last one, there does not seem to be much difference between the two. Unless, therefore, it can be shown that the escharotic treatment is more complete and permanent in its effect than excision, it will be difficult to discover any good reason for abandoning the knife, or complicating it with the addition of caustic.

It has long been a settled principle in surgical practice, that malignant tumors or sores should be either allowed to remain free from disturbance or completely removed, since tampering with them by irritating applications is the most certain means of exciting disease in the lymphatic glands or other textures. If caustic is ever used for destroying malignant textures, it should, therefore, be of such power and so employed as to strike at once to the root of the evil, and I am able to suggest efficient means for this purpose.

Mons. Velpeau, in speaking of the caustic made by mixing sulphuric acid with saffron, expresses his persuasion that it would be the best of all escharotics except for its expense and the difficulty of confining its action within certain limits. It occurred to me that sawdust would supply the place of saffron, and my assistants at the hospital ingeniously devised the following effectual means of restraining the extent of action. A solution of gutta percha in chloroform is applied to the skin for some distance round the part to be attacked; then a thick piece of the same material, with an aperture cut in it of the requisite size, and softened by exposure to heat, is pressed firmly so as to adhere everywhere to the surface thus prepared; a thin piece is next glued round the edge of the opening, so that, when supported by a stuffing of lint, it may form a wall inclosing the diseased part. Concentrated sulphuric acid, with about an equal weight of sawdust stirred into it, until the mixture assumes a homogeneous consistence equal to that of thin porridge, is lastly applied, in quantity proportioned to the extent of thickness concerned. In the first instance, as the pain is acute, opiates or chloroform may be used; but after a short while, so little uneasiness is felt, that the patient can easily allow the caustic to remain for ten or twelve hours, when it will be found that the whole diseased mass, though covered with skin and several inches in depth, has been reduced to a cinder, presenting the appearance of strongly compressed tow. Under poultices, the slough separates in the course of days or weeks, according to its depth, and the sore then heals without any trouble. If, therefore, patients, from an unconquerable dread of cutting, should prefer the escharotic treatment, or if the circumstances, on any other account, should seem to render this method eligible, the procedure just described may be found useful.

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In conclusion, I beg to offer the following principles or practical rules for the treatment of cancer:—

1. The treatment of cancer may be divided into curative and palliative.

2. The curative treatment should not be undertaken when the local disease is so seated or connected as to prevent its complete removal; when the lymphatic glands are affected; and when the patient's general health is deranged.

3. Removal may be accomplished by means of the knife, escharotics, and ligatures.

4. Of these means, in general, the knife is best, and ligatures the worst.

5. Escharotics may be used with most advantage when the disease is superficial.

6. Escharotics, employed with a curative view, should always destroy the whole morbid part by one application.

7. The palliative treatment is generally best accomplished by means of soothing applications and attention to the general health.

8. When the local disease is very troublesome, it may sometimes be relieved for a time by destruction of the morbid growth.

9. The best agent for this purpose, and also with a curative view, is concentrated sulphuric acid properly applied.

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5. *Obliteration of the Vena Cava Descendens.*—A very interesting contribution to analytical medicine has been furnished by M. Oulmont. He has recorded four cases of obliteration of the vena cava superior, met in his own practice and furnished to him by friends, and has published these in connection with fifteen other cases already recorded. We are sorry not to be in possession of the original work, but have no hesitancy in extracting the following from the *Gazette Hebdomadaire*, Paris, Feb. 5:—

Of these 19 cases, the obliteration was 5 times the result of ordinary sanguinous concretions; 3 times of concretions of a cancerous origin; 11 times of compression, either by cancerous tumors of the mediastinum or the lungs (5 cases), or by tubercular deposits in the mediastinum (2 cases), or by aneurism of the aorta (4 cases). From which it appears that obliteration of the superior vena cava seems rarely to arise from primitive disease of the vessels.

Symptoms.—The disease ordinarily begins with cough and dyspnœa, and sometimes with intense orthopnœa; not unfrequently blood is found in the sputa, either pure or mixed with mucus. Occasionally, even hæmoptysis or hæmatemesis supervenes. Palpitation of the heart is more or less marked. In other cases, cephalalgia, vertigo, and a marked tendency to cerebral congestion, which returns often under the influence of slight causes, are the first symptoms. Again, the disease may commence at once with œdema of the face. In all cases, this latter symp-

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tom soon occurs, and constitutes one of the most important signs. The œdema commences on one or the other side of the face, soon invades this whole region, and extends to the forehead and hairy scalp. Later, the neck and upper extremities become infiltrated. At a more advanced period, the anterior and posterior thoracic parietes are invaded, but the œdema is arrested quite suddenly at the umbilical region, below which it very rarely descends. This œdema of the upper half of the body, offers a striking contrast with the lower half, which presents its normal volume. This is one of the most curious and interesting characters of the disease. The œdematous parts soon take on a bluish tint, which is marked all over the face, giving it the appearance of cyanosis, and which is augmented by all causes which interfere with the return of blood from the upper part of the body (cough, etc.). Finally, the superficial veins of the face, neck, and chest dilate, become very apparent, and sometimes present on the surface a rose-colored line, denoting their course. Cephalalgia, vertigo continue. At night the patient is restless and sleepless, and often awakes terrified. Percussion and auscultation yield results which vary according to the causes producing the obliteration, and the accidental diseases of the chest, that may be present. In the midst of all these symptoms the pulse remains quiet, and does not become febrile until towards the end of the malady. Finally, albumen is found in the urine in some cases. These symptoms persist sometimes without appreciable change, but most commonly the œdema of the face increases, until it becomes really enormous, presents a well-marked violet tint; the eyelids are bluish, the conjunctiva of a very deep red color. The œdema of the arms and chest increases equally; finally, the cerebral symptoms become more grave, delirium, coma, agitation, and more or less severe fever set in, when the patient soon succumbs. In some cases death ensues unexpectedly, without anything having indicated a fatal and rapid termination.

In one case, M. Oulmont found hard, resistent nodosities around the neck, which the autopsy demonstrated to be of a fatty nature, and which had resisted the serous infiltration. In one patient, under the observation of M. Piedagnel, the œdema had invaded the superior extremities before reaching the face (the only case of its kind). The œdema does not extend to the lower extremities except where the heart is also affected, or a cachectic state of the system produces general dropsy. It is remarkable that *hemorrhages* are not more frequent, when such an important obstacle to the general circulation exists. Hemorrhages were present in but seven cases (epistaxis, hemoptysis, hematemesis, cerebral hemorrhage).

Death is doubtlessly the unavoidable termination of the disease. In

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one case furnished to the author by M. Woillez, the œdema of the face disappeared at the end of a few weeks, and only showed itself again shortly before death. Nothing in the autopsy accounted for this peculiarity, which was undoubtedly owing to the establishment of a collateral circulation, for the obliteration of the vena cava was complete. L.

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6. *Tincture of Iodine in Varicose Veins.*—D. Eulenberg relates the successful treatment of a case of varicose veins by the application of tr. iodine, in the *Preuss Vereinszistz.* The tincture was applied three times a day, until superficial suppuration set in, which was treated by simple ointment. Bandaging was at the same time resorted to. L.

(*b.*) PATHOLOGICAL AND THERAPEUTICAL.

1. *Fluid Extracts.*—We find in the March No. of the *Amer. Med. Monthly,* an interesting paper on this subject, which was read before the New York Academy of Medicine, December, 1857, by S. Rotton, M. D. By his experiments he has been led to the conclusion that these articles are not to be relied upon. In almost every instance, the extract tested was ascertained to be utterly worthless, not containing a sufficient amount of the active principle. Thus, the fluid extract of verat. viride was used in the dose of thirty drops at short intervals, without any effect. On analysis, it was found to contain but ten grains of alkaloid, resinoid, and oleo-resin, in three and a half ounces. Fluid extract of jalap was found to contain about five grains of jalapin to four fluidounces. Fluid extract of cannabis indica was used in the dose of thirty drops, and a patient even took three and a half ounces between 12½ and 8 P. M., "without the slightest perceptible effect." Two fluidounces of fluid extract of ergot produced no uterine pains, though given in four equal doses, at intervals of half an hour. Fluid extract of rhubarb acted as a mild aperient in tablespoonful doses; the dose recommended being one or two tablespoonfuls. The same with senna. "Ipecac. extract acted as an emetic in a child in doses of two teaspoonfuls. Dose directed, from fifteen to thirty drops." The Doctor submitted several other equally important extracts to examination, with similar results. He then goes on to explain the cause of this, from the fact of plants not producing the same amount of active principle at one season as at another. He adduces the difference in climate, soil, temperature, and moisture to account for this disparity. Again, by keeping, plants are liable to many changes; a "chemical, destructive composition" takes place, "whereby the proximate principles, by the reaction of the nutritive constituents, and by the external agency of air and moisture, are decomposed and dissipated, or enter into new combinations." He re-

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views the methods of preparing them, and shows many causes for their want of strength, &c. Thus, alcohol dissolves only the active principle, and the fluid extract, after distillation, contains this in suspension, rather than in solution. Hence, the upper portion in a vial has none, while at the bottom it is in a dangerous quantity. He sums up as follows: "The objection to these fluid extracts, and extracts of all descriptions then, are, that they are not and cannot be uniform in their strength, because the plants from which they are taken possess different amounts of therapeutic properties; that they are liable equally with the plant from which they are compounded, to destructive alterations; that each new parcel or preparation must be tested separately before its therapeutic value can be known; *in short, that they possess no positive value.*"

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2. *Chemical Researches on the Spinal Marrow and Nerves.*—We have given the interesting results of Von Bibra's experiments on the chemical composition of the brain on a former occasion. (MED. AND SURG. REPORTER, vol. ix. p. 371.) We will now add the results of his later investigations on the chemistry of the spinal marrow and nerves. Qualitatively the spinal marrow contains the same constituents as the brain; it has, however, more fat, less solid albuminous constituents, and less water than the former. Water and solid substances are present in larger quantities in birds than in the mammalia. The quantity of cholesterin is larger in the spinal marrow than in the brain; there is more phosphorus in the fatty matter of the brain than in the spinal marrow. (We have once seen an author define *thought* as a "phosphorescence" of the brain.[1]) It could not, however, be found that the amount of phosphorus present bears any relation to the higher or lower scale which the animal occupies in its classification. The salts of the brain and spinal marrow are the same. The quantity of fat present in various nerves of the same person varies considerably. The relative amount of fat in the same nerves of different persons is more constant. The crural nerve in man, f. i., always yields more fat than the brachial nerve; the upper portion of the ischiatic nerve more than its lower portion. In man the amount of fat in the nerves is smaller than in the other mammalia. The amount of phosphorus present in the nerves is in direct proportion to the amount of cerebric acid they contain. L.

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3. *Colocynth in Leucorrhœa.*—In the *Gazette des Hopitaux* (*Chicago Med. Journal*) is an account of some cases of this disease in children being cured in a short time, by means of injections of colocynth. The

[1] Transl.

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treatment was as follows: "On a pod of colocynth of the ordinary size, two glasses of warm water were affused, and they were macerated for twenty-four hours. One-third of this liquid, after the colocynth was well expressed into it, is a dose for a child eight years old. Prior to using it, the rectum should be thoroughly evacuated by tepid water injections. The colocynth is retained from fifteen minutes to one hour. During the day, the child will have many stools, the last of which are sanguinolent. Gum water, as a drink, may be given; food light, and sparingly. By the twelfth day the patient has recovered from its effects, and on the sixteenth it may be repeated. Two to three injections are generally necessary. The cure has been, in all cases, permanent and complete."

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4. *A New Property of Chamomile.* (*London Med. Times.*)—Chamomile (anthemis nobilis) is described in all treatises of materia medica as emollient, digestive, fortifying, &c.; but none point out a most precious virtue, just announced as pertaining to it by M. Ozanam, whose paper on the subject was presented to the Academy of Sciences at its sitting by M. Cloquet. This virtue consists in preventing suppuration when the local disease is not too far advanced, and in gradually stopping it when it has existed for a long time. For this purpose it is administered in powerful doses of five, ten, or even thirty grammes of the flower in a litre of water—[about ʒjss to ʒj of the flower to two pints of water.—Ed. M. & S. Rep.]—the infusion to be drunk in the course of the day, and to be continued until the cure be effected. Compresses moistened with the infusion may be locally applied; they aid in the cure, but are not necessary, the infusion alone, taken internally, being quite sufficient. In support of his assertion, M. Ozanam quotes a number of cases in which this mode of treatment was successful.

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5. *Nitrate of Silver in Anæmia.*—In the *Iowa Medical Journal*, Dr. Ayres reports some cases in which he had used the nitrate of silver with much success. His formula is: ℞.—Argent. nit. crys. gr. x; ex. coni. mac. gr. xx; syr. tolu fʒij.—M. Give a teaspoonful every six hours, in rain, or boiled water. He considers it as much a specific in cases of anæmia as cinchona is in intermittents.

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6. *Acetic Acid in Scarlatina.*—Dr. Casselberry, in the February number of the *Cincinnati Lancet and Observer*, makes a very interesting report of this remedy in scarlatina. He prescribes it in this compound: ℞.—Acetic acid, pure, fʒij; aq. destill. fʒiij; syr. simpl. fʒiij.—M. Dose, a teaspoonful every three hours. At the same time he uses baths, by

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means of sheets wrung out of tepid water, which are allowed to remain a half an hour to one hour, and poultices of roasted onions to the lumbar region, if suspension of the urinary secretion. For the reduction of the glandular swelling of the neck, he prefers the use of camphorated olive oil.

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7. *Palpitation of the Heart.*—In one of the meetings of the Physico-medical Society at Würzburg (vide *Würzburger Verhandlungen*, VIII. 2, 1857—*Medic. Neuigk.*), Prof. Kölliker communicated that he had found a remedy to relieve in certain cases morbid palpitation of the heart. Reasoning from the experimentally established influence of the respiratory motions upon the heart's action, he advised, in a case of severe and constantly-returning palpitation, to relieve it by deep inspirations and subsequent holding of the breath. The advice was followed by good effect, a few deep respirations and moderate holding of the breath sufficing to arrest the palpitation for one or two days. Prof. Bamberger remarked that the expansion of the lungs, causing them to overlap the heart more fully, might render the palpitation only less perceptible, without actually arresting it. To this Kölliker replied that it was improbable, because after a few deep inspirations palpitation had ceased, which otherwise had lasted for hours. L.

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8. *Parasites in Skin Diseases.*—A report,[1] by M. A. Devergie, on herpes tonsurans in the horse and cattle tribes, and its transmissibility from animals to man, read before the Paris Academy of Medicine, gave rise to considerable discussion in that body. A great deal of space on this subject is taken up in the *Gazette Hebdomadaire* of Jan. 29, from which the following conclusions of M. Devergie are condensed:—

1. Micrography has rendered good service to science by bringing to our knowledge organic parasitic products, of the existence of which we were entirely ignorant.

2. That these vegetable parasites, by reason of their species, seem to live at the expense of certain tissues, or organs, in preference to others—that the *microsparon furfur* vegetates upon the epidermis without extending below it. The *trichophyton* (in herpes tonsurans) attacks principally the hair at its exit from the skin; only after some time it penetrates into the hair-bulb; where the skin is devoid of hair, it runs along and vegetates on the surface of the skin. The *microsparon mentagraphytes* (sycosis. The reader will find a good representation of

[1] The report of M. Devergie is based upon a Mémoire presented to the Académie by M. Reynal.

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this vegetation in *Neligan's Atlas of Cutaneous Diseases*) has its principal seat of development between the membranes proper of the hair-bulb. The *Achorion* (Schoenleinii, found in porrigo, and transmissible from animals to men; we have seen children who had taken the disease from a cat affected with it) introduces itself in the sheathes of the hair-bulb, and ends by destroying it.

3. . . . . .

4. The *microsparon* and the *trichophyton*, if the disease be not too old, can be attacked by the usual medications, so that we are not obliged to have recourse to pulling out the hair (*l'épilation*; we shall use this word, not because we have any preference for Gallicisms, but for the sake of shortness), and even this is entirely useless in that disease where the *trichophyton* is mostly developed—herpes tonsurans—because epilation is impracticable on account of the friability of the hair.

5. The same is true as regards favus and certain forms of mentagra, as these are also accompanied by the production of the trichophyton or the microsparon mentagraphytes; hence the pulling out of the hair around, at the expense of which the parasite vegetates—permits the parasitic vegetations to extend their spores to the deeper parts and to destroy them.

6. Hence epilation should not be practised, as a matter of course, in the presence of any kind of vegetation.

7. We have yet to learn whether the parasites are always the cause, or whether, in many cases, but the effect of the disease; questions which, in the present state of science, cannot be positively determined; and it is proper to consider the absolute doctrines, which have been promulgated quite recently by the micrographers, as premature, and not sufficiently founded on observation—doctrines which many well observed facts tend to weaken.

8. Epilation, generally considered, is useful under two conditions: 1, when there exists a parasitic vegetation, living at the expense of the *hair-bulb* or its *deepest* sheathes; 2, when, in the absence of any parasite, the bulb is the seat of the malady, if it is inflamed, affected by chronic disease, and unable to nourish the hair, at the same time inducing a permanently morbid state of the skin.

9. Finally, aside from all those morbid conditions which may be termed mechanical or physical, the physician must never lose sight of the general causes which generate and keep up the disease of the skin, not less than the organic internal lesions, upon which they quite frequently depend. L.

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9. *Mensuration of the Thorax.*—Mr. Woillez, who already, in 1837,

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published his ***Researches on the Inspection and Mensuration of the Thorax***, has recently published a new work on this subject. The following general results, based upon eighty-six observations, we condense from the *Gazette Hebdomadaire*, Fevrier 5, 1858, p. 110:—

1. In the course of acute diseases, the capacity of the chest often presented important modifications, which were not obvious to the eye, but apparent on mensuration.

2. The relative capacity of the two sides of the thorax, which hitherto has been the only object of mensuration, does not present such variations in acute diseases that are of value as symptoms. But once in twenty-three cases of simple pneumonia did this mensuration demonstrate the existence of relative enlargement of the diseased side.

3. The general capacity of the thorax, explored at different stages of the disease by means of mensuration, has been, on the contrary, almost constantly modified in the most different acute affections, but only when they had been ushered in by well characterized general febrile symptoms.

4. Mensuration in such cases has established, from the commencement of the disease, an enlargement of the two sides of the chest, presenting three periods, one of increase, another of stability, and one of decline, of variable duration like that of the diseases, the phases of which it generally follows, and of an extent of from $1\frac{1}{2}$ to 8 centimetres, 4 centimetres as the mean.

5. Mensuration, resorted to under certain conditions, has especially established mathematically the various degrees of the general elasticity of the thorax. This elasticity was constantly diminished during the progressive and stationary enlargement of the thorax, and then gradually came back to its normal standard during the decline of the enlargement.

6. The general thoracic enlargement (l'ampliation) has been the same in all acute diseases, except in certain exanthemata, such as scarlatina, and especially variola and erysipelas of the face, where, generally, it was of much shorter duration (beaucoup plus courte); in variola it had terminated before the complete development of the eruption.

7. In typhoid fever, and the various acute diseases of the abdomen, this enlargement could not always be regularly established, on account of particular causes, which, in these diseases, are apt to make the general capacity of the chest vary irregularly.

8. This general enlargement, accompanying a diminution of the thoracic elasticity, is owing to the pulmonary congestion coincident with the general symptoms by which acute diseases are ushered in.

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This congestion, revealed by mensuration, is hence an important element of acute diseases.

9. Neither the greater or lesser frequency of the pulse, nor bloodletting, gastro-intestinal evacuations, or dietetic regime, have appeared to influence the different stages of thoracic enlargement.

10. In a small number of cases, the accidental presence of gas in the digestive organs, and the oscillations of the pulmonary congestion itself, modify the thoracic enlargement.

11. Waste of the body produces, in certain cases, very slow and irregular thoracic retrocession, which must not be confounded with the retrocession of the thoracic enlargement of acute diseases.

12. Enlargement, while increasing, announces, as a general rule, the progress of the disease; stationary enlargement, its persistence; when declining, resolution. The retrocession of the thoracic enlargement in the third stage often indicates the abatement of the disease before the diminution of its symptoms or local signs.

We fully agree with Dr. DeChambre when he adds: "We dare not affirm that these results are of a nature often to enlighten the practitioner, who ordinarily, in acute diseases, has other means of diagnosis at his disposal. Nevertheless, the truly remarkable facility with which the dimensions and the elasticity of the thorax are diminished may furnish, in certain obscure cases, valuable information." If of no import in a diagnostic or therapeutic point of view, the researches of Mr. Woillez have established at least another general fact in the natural history of disease, and facts are the rude stones out of which the temple of science is reared. L.

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10. *Chlorate of Potassa.*—It is now many years since we first used the chlorate of potassa in cases where it seemed necessary or desirable to avail ourselves of the stimulating influence of oxygen. We have given the chlorate in cough or other mixtures, or have made a spontaneous Dover's powder, substituting the chlorate for the sulphate of potassa, in that preparation. We have been much pleased with its action in many low states of the system, as in scarlet fever, stomatitis, consumption, bronchitis, and bowel complaints, but we never thought of using it for everything.

The French, who are apt to make the most of an idea when it gets into their heads, seem to be trying the virtues of this salt in various conditions of the system. We find in the *Atlanta* (Ga.) *Medical and Surgical Journal* for March, 1858, a translation from the *Gazette des Hopitaux*, on the treatment of typhoid fever with chlorate of potassa. M. A. Bellentani has used this drug for the last six months in all forms

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of typhoid fever, thus far with excellent effects; the disease has been controlled, its symptoms ameliorated, and convalescence established without delay. He gives daily the following portion: *gum-water two ounces, lemon syrup one ounce and a half, chlorate of potassa two scruples.* He increases the salt of potassa one scruple every other day, but has never given more than two drachms in twenty-four hours. For drinks, acidulated infusions, or fresh water, taken freely; a lavement of fresh water every day; applications to the abdomen of cold compresses, wet with the following solution: *water one quart, chlorate of potassa one ounce, muriatic acid two drachms and a half.* When convalescence begins to take place, which is usually between the fifteenth and thirtieth days, he discontinues all medication, and nourishes the patient.

Dr. James Morrison, of California, writes in the *Pacific Medical and Surgical Journal*, in corroboration of the views of M. Bellentani, and says that Prof. Chew, of the University of Maryland has, for at least twelve years, employed the same remedy in the same disease with the most gratifying results. Dr. Chew's formula is as follows: *chlorate of potassa one drachm, bicarbonate of soda and gum acacia of each two drachms, water eight ounces;* dose, a tablespoonful every two hours, until the commencement of convalescence.

Dr. V. H. Taliaferro, of Atlanta, Ga., also recommends it in the same number of the *Atlanta Journal*, in the same disease. His formula for using it for an adult is as follows:—

℞.—Sol. potass. chlor. (ad sat.) f℥iv;
Tinct. verat. virid. f℥ss.—M.

S. A tablespoonful every three hours through the day, with an opiate at night.

Dr. Dethan (*L'Union Médicale*) recommends it highly for its sialagogue properties, and as an antidote to mercurial salivation. He says that its rapid and incontestable effects in mercurial salivation, by checking the formidable mercurial affection, have permitted practitioners to continue the mercury without fear, and thus to contend, without remission, against any constitutional infection.

As it is not always necessary that the salt should be swallowed to manifest its peculiar effects on the mucous membrane, Dr. Dethan suggests the use of the remedy in the form of *pastiles*, so that the patient may have at hand a remedy against the injurious effects of a mercurial treatment, which he may be undergoing.

If it is true that in this form the chlorate of potassa has any appreciable effect, we would suggest its employment in the same form in some diseases of the lungs and air-passages.

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Dr. A. S. Palmer says, in the *Cincinnati Lancet and Observer*, that he has used the chlorate of potassa in a number of cases of gonorrhœa as an injection, with decided advantages; not one case has failed of being cured within five days. He uses it in the proportion of six grains to the ounce of rain water.

11. *Yellow Fever at Lisbon.*—We find the following in the *New Orleans Medical News*, taken from the *London Lancet* of Jan. 9th:—

Since the 9th of September last, yellow fever has raged in Lisbon, and during one hundred and five days, 13,482 cases occurred, with 4,759 deaths. The last cases are reported on the 22d of December, and the plague was apparently stayed by the setting in of cold weather. Twenty years ago, it was generally believed that yellow fever, in its virulent epidemic form, was confined to intertropical regions; but of late years it has crept along the coast of America to places where it was formerly altogether unknown,[1] and has now attacked, in a malignant form, a city of Europe, situated in latitude 38° 42.' The French authorities have, therefore, taken the alarm, and wisely adopted précautions to avert, if possible, the outbreak of the disease in France. The lazarettoes, which have been long disused, are preparing for the reception of invalids, and Dr. Melier, Inspector-General of the French sanitary services, is making a tour of the ports, and adopting rules in each of them for the due establishment of quarantine. One large transport ship, which arrived from Senegal, with 186 invalids on board, has been prevented from landing her passengers at Brest, because she had unfortunately entered the Tagus on her passage, although no yellow fever appeared on board. In such cases, the International Sanitary Convention decrees that ten days must elapse, without the occurrence of yellow fever, between the touching at an infected port and the removing of quarantine.

12. *Eczema of the Face in Children.*—Dr. Behrend recommends the following application for the crusts which frequently cover the faces of children:—

℞.—Ol. morrhuæ xv;
Sodæ bicarb. ij parts.

13. *Obstinate Menorrhagia.*—In the January No. of the *Amer. Med. Monthly*, we find a valuable paper relative to the use of injections of tincture of iodine in menorrhagia (the os having previously been dilated), when there is reason to suspect the presence of fungosities in the cavity of the womb. The relief was immediate and permanent. In the cases mentioned, every other means had been tried without lasting benefit. The writer of this paper, Dr. Savage, of London, believes the artificial dilatation of the os and cervix uteri prevents any ill effects resulting.

[1] It is now more than *sixty* years since the yellow fever prevailed in Philadelphia as a terrible epidemic, paralyzing, for a time, the commerce of that city.—Ed. Med. and Surg. Reporter.

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MEDICAL SOCIETIES AND CLINICAL REPORTS.

Art. VI.—*Philadelphia County Medical Society.*

March 10, 7½ P. M. Dr. John Bell, President, in the Chair.

Dr. Jewell moved a vote of thanks to the late President, Dr. Emerson, for his address delivered before the society, and that he be requested to furnish a copy for publication. Carried.

Dr. R. P. Thomas read a very interesting paper on the use of anæsthetics, which we much regret being unable to lay before our readers *in extenso*. In common with the members who took part in the debate, he had arrived at the conclusion that *ether*, or a mixture of *ether and chloroform* (two to one) were best, and preferable to any other anæsthetics. *Amylene* was decidedly dangerous, as several had died already from its use. The mixture of ether and chloroform should not be used after standing, to prove which, the speaker gave several instances of bad results from an evident decomposition having taken place.

He was followed by Drs. Jewell, Coates, H. Hartshorne, and Turnbull, who coincided in his remarks.

Adjourned.

[By an alteration in the Constitution some years ago, this is the last *conversational* meeting till September. It is much to be regretted that this is so, as these interesting meetings might be continued for at least two months longer, and with much profit to all. Our medical men of Philadelphia are not together often enough, and hence much is lost that might otherwise be preserved and prove of benefit to suffering humanity. Ed. Med. and Surg. Rep.]

Art. VII.—*Scott County, Iowa, Medical Society. Annual Meeting.*

This Association convened at the Council Chamber in Davenport, on Tuesday the 26th of Feb. Dr. E. J. Fountain was called to the chair, in the absence of the President. Minutes were read and approved. A large number of members were present. The Auditing Committee made their report, which was accepted. Censors' report in relation to Dr. C. S. Shelton was taken up; Dr. S. was elected and invited to sign the Constitution.

Dr. Baker, according to appointment, read an able dissertation, for which a vote of thanks was tendered.

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The Committee on Constitution and By-Laws (Drs. Carter, Thistle, and Adler), made a report, which was read and referred back, with instructions to report at the next regular meeting, the Committee being increased by the addition of Drs. Saunders and Baker.

An election for officers for the ensuing year took place, and resulted as follows, viz :—

President, Dr. T. J. SAUNDERS.

Vice-President, Dr. JAS. THISTLE.

Secretary, Dr. ALFRED H. AMES.

Treasurer, Dr. J. J. TOMSON.

Censors, Drs. J. W. BAKER, JNO. M. ADLER, and E. J. FOUNTAIN.

Dr. BAKER read a paper of much interest respecting a case of Retention of Placenta occurring in his practice, and exhibited the specimen.

Dr. C. C. PARRY was appointed by the President to deliver an essay at the next regular meeting, and the society adjourned to meet on the last Tuesday in April, at Davenport.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

ART. VIII.—*The Secretory and the Excito-Secretory System.* By H. F. CAMPBELL, A. M., M. D., &c. Prof. of Anatomy in the Medical College of Georgia (Augusta). Philadelphia: J. B. Lippincott & Co., 1857.

THIS is a collection of essays presented by Dr. Campbell to the Am. Med. Association at various times. It comprises a new classification of febrile diseases; an exposition of the ganglionic pathology of continued fevers, as illustrated in typhus and typhoid; the prize essay on the excito-secretory system of nerves in its relations to physiology and pathology; and a letter to Dr. M. Hall, of London, claiming priority in the discovery and naming of the excito-secretory system of nerves. To the physiologist, this work presents much matter of importance, and we are much pleased that these essays have been thus collected and preserved from the fate they would have met with in the form of pamphlets. Dr. C., for the present, maintains a dignified silence in respect to the efforts of Drs. Allen, Paine, and others, to deprive him of the honor of discovering the excito-secretory function of the spinal nerves. We commend it to our brethren as well worthy of a careful perusal.

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ART. IX.—*Livingstone's Explorations and Travels in South Africa.* J. W. Bradley: Philadelphia, 1858. Pp. 446.

IN this volume we have presented to us the whole of Dr. Livingstone's travels, omitting only scientific details, thus reducing the size and price of the volume more than one-half. We expect it will be much more popular than the larger edition, as the majority of readers avoid the "dry portions," and seize with avidity upon adventures, etc.

ART. X.—*A Report on Diseases of the Cervix Uteri.* By JOS. A. EVE, M. D., Prof. of Obstetrics, &c., in the Medical College of Georgia. Read before the Medical Society of Georgia, April, 1857.

A VALUABLE monograph, and well worthy of being preserved. We hope Dr. Eve will, at no distant day, amplify the subject as it demands.

*** We expected to have had a notice of Prof. Miller's excellent work on obstetrics prepared for this number, but circumstances have been such that we are compelled to delay it to our next issue.

☞ Prof. Martyn Paine's work on the *Institutes of Medicine* came to hand too late for notice this month.

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EDITORIAL.

REMOVAL OF THE REPORTER TO PHILADELPHIA.

THIS is once more "the beginning of months" with us. For a long time, circumstances have been pointing to the ultimate removal of the REPORTER to one of our large cities. It has been printed in Philadelphia most of the time since our connection with it, and we have been subject to the annoyance, expense, and delay of the transmission of proofs and revises, and our readers to the vexation of receiving their numbers behind time. For, although we generally put the work to press by the 18th or 20th of the month, we have seldom been able to mail it before the 10th or 12th of the month of publication.

It has been evident, too, for some time past, that there must be a division of labor. For nearly eight years, we have been our own publisher, have done our own editing, correspondence, book-keeping, proof reading, mailing, and all the *etceteras* connected with a publishing establishment. At first, this imposed very little additional labor upon us. Now, however, with a largely increased and steadily increasing circulation, it has become time for us to throw off this burden, which we cannot well do without taking the work to a larger city, where the facilities for publishing are abundant. Another reason for removal is, that in a larger city we can much more readily command the co-operation of other members of the profession in the various departments of our work, which will be greatly to the advantage of our readers.

Since the discontinuance of the *Medical Examiner*, there has seemed to us to be room in Philadelphia for a *monthly*, conducted in such a manner as we hope the REPORTER ever will be, without encroaching on the rights of the well known and ably conducted journals already published here. With them it shall ever be our aim and desire to cultivate the most friendly feelings, and to co-operate in advancing the welfare of our profession.

It is our intention still to pursue a perfectly independent course

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—that is, independent of any school or special publishing interest, and to represent, with all the ability we can command, the interests of our profession as a whole, or as connected with our various medical organizations, National, State, and local. We are aware that journals connected with schools or publishing houses are apt to *pay* better than those supported entirely by private enterprise, but we have not yet been able to see how they could as well represent the interests of the whole profession as those entirely independent of such connection.

We have associated with us, as assistant editor, Wm. B. Atkinson, M. D., who has long been favorably known to the profession of this city, and, indeed, of the whole country, through his communications to the medical press. For many months our readers have been indebted to Dr. Atkinson for communications from Philadelphia, and for the reports of the Philadelphia County Medical Society. We can assure our readers that they will find in Dr. Atkinson an able, earnest, and indefatigable laborer, and one calculated to add to the popularity and usefulness of the REPORTER.

In conclusion, we would add, that while we leave New Jersey soil, we do not intend to forsake our New Jersey friends, who sheltered and nourished us in our infancy, and have liberally supported us through the years of childhood until we have acquired the stature of a full grown man among our medical periodicals, which, unfortunately for the cause of medical literature among us, are generally short-lived, and, we may add, "full of tribulation" while they do exist. We think that our New Jersey friends will find ultimately that our removal to this city will be greatly to their own advantage, and hope that they may ever have reason to be proud to acknowledge that we had our birth and education among them.

☞ Books, exchanges, letters, &c., should be directed to the editors at the office of publication, No. 48 North Fourth St., Philadelphia.

SALUTATORY.

It is with no ordinary feelings that we assume the chair as co-editor of the REPORTER, being fully aware of the weighty responsibility resting from this moment upon our shoulders. But, having taken this important step, our duty is plain. It shall be our

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earnest endeavor to prove ourselves worthy of the confidence thus reposed in us, and to make our Journal an important accessory to every member of our noble profession. We hope our efforts will be appreciated by the fraternity, and that each one will consider it his duty to second them to the best of his ability.

WM. B. ATKINSON.

MEDICAL MISSIONARIES.

Among the noblest objects to which members of our benevolent profession devote their time and energies, is that of the spiritual and temporal well-being of the millions of our fellow-men who are destitute of the light of a pure Christianity and its elevating influences as exhibited in the civilization which distinguishes those nations of the earth where its doctrines are in the ascendant.

The American Board of Commissioners for Foreign Missions, the largest missionary body in our country, has a large number of medical missionaries in its service in different parts of the world. The following list comprises a large portion, though we believe it does not include all of them:—

Dr. Jewett, Sivas, Turkey; Dr. Wright, among the Nestorians, in Asia Minor; Drs. Haskell and Nutting, Assyrian Mission; Drs. Muzzy and Shelton, Madura, India; Dr. Green, Ceylon; Dr. Ball, Canton, China; Drs. Gulick and Pierson, Micronesia, Pacific Ocean; Dr. Ford, Gaboon, Africa; Dr. ———, Zulu, Africa; Dr. Van Dyck, Syria; Dr. Abbott, Ahmednugger, India; Dr. Hobbes, Choctaw Nation; and Dr. Williamson, among the Sioux Indians.

All the above are readers of the REPORTER, and it is probable that some of them will be occasional contributors to our pages. They are all intelligent, well educated men, and their opportunities for studying disease and the natural history of man are excellent.

We perceive that the Board is appealing for more young physicians to supply the wants of missions among the Nestorians, in India, and in Micronesia.

MEDICAL GRADUATES IN PHILADELPHIA AND NEW YORK.

The medical colleges of Philadelphia and New York hold their annual commencements in February, March, and April. The following are the number of graduates in each school so far as we have been able to ascertain:—

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In Philadelphia.

University of Pennsylvania	145
Jefferson Medical College	209
Pennsylvania " "	35
Philadelphia " "	18

In New York.

College of Physicians and Surgeons . .	53
University of New York	127
New York Medical College	33

EDITORIAL CORRESPONDENCE.

BOSTON.

CITY HOSPITAL.

Boston, *March 8th*, 1858.

The much talked of hospital is still in embryo, if, indeed, the ovum has not become blighted. If we ever have it brought into existence, there will be curious evidence of a most protracted gestation. The City Government amuse and excite us with their varied course of action. The building purchased for the purpose it is now proposed to sell. It is too good. It is too large. It is too small. It is not good enough. We don't need a City Hospital. They remind us of the thimble riggers—"Now you see it, and now you don't," &c. Whenever political advancement requires men to advocate it, we shall have a hospital; you may be sure of that.

UNITY OF RACES.

The question of interest among your readers in Boston is, "When will you get through with the discussion of this subject?" It seems to them that neither party to it can ever be satisfied, because they start with different premises. A theological journal, or a literary review, in their estimation, would be a more proper field than a journal of practical medicine for these articles. The matter is perhaps a very important one, but this generation will not settle it, nor any other, to the satisfaction of all parties. Scientific men will argue solely upon scientific grounds, and theologians will not and cannot meet them upon these grounds. Copernicus and the church cannot meet on equal terms.

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QUACK MEDICINES.

The Council of the Massachusetts Medical Society have lately passed some stringent resolutions concerning recommendations of secret medicines, requiring their fellows to withdraw their certificates where they have been given in favor of certain articles, the composition of which is not made public, and forbidding them, in future, to give such certificates. This action is very good, but the rules will not probably be enforced, unless it be in case of some one unknown to fame. The only way to stop the sale of quack medicines would be to have analyzed every such article as soon as it appears, and publish the analysis. This would at all events reduce the price of them; and as soon as they won't pay, the manufacture would stop.

HOMŒOPATHY.

This was the subject of discussion at a late meeting of the Suffolk District Medical Society. The text was a letter from Dr. James Jackson to a medical friend. The meeting was one held for medical improvement, and the discussion would not have been permitted, but for the respect which every man had for the writer. It is due him to say, that he never intended that his letter should be brought forward there, and those who would have objected to its being read were unwilling that their motives should be misconstrued. The remarks were somewhat amusing. There were two or three classes of disputants. One took the open ground, that if a homœopathist were a member of the Society, he could very properly consult with him. Others dodged the question, by saying, "They did not know whether they could be said to consult; they advised or dictated." Some wicked one, it is said, thought the question might be decided easily, if these gentlemen would say what fee they charged on such occasions. Dr. Buck, it seems to me, took the only sensible ground. As an honest man, he *could* not meet in consultation any man who believed in homœopathy, and he would not meet one who practised it without believing in it. All honest homœopathists could not meet him, and he was very certain that there were honest homœopathists. If a family wished homœopathic treatment, and were under his care, as a man, he was bound to let them have their own way, and withdraw. This whole subject is an ugly one for us in Massachusetts. Our Medical Society labors under certain disabilities by its charter. The time will come when it will get rid of them, but, as the treasurer, Dr. Gould, remarked, the first move has got to be made by the two chartered medical schools of the State, whose graduates we are bound to receive into fellowship, whether we wish or no. When the day comes

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that they can make it pay to refuse degrees to students of homœopathic physicians and other quacks, though they may be regularly graduated quacks, there will be no union with homœopaths. They will doubtless cast the first stone as soon as they are without sin.

ERUPTIVE FEVERS.

Boston has been for a long time without an epidemic of smallpox. Vaccination is carried to a very perfect extent. Indeed if it were not for the ingress of people from the British Provinces and Maine, I believe smallpox would in a few years become a matter of history.

Scarlet fever we have every winter. This year it has been very mild, and many physicians have seen none of it.

Measles, on the contrary, has been in almost every family where there are children, but it has been very mild.

The winter has been so open, with occasional cold days, that pulmonary affections have been quite common, and croup has been more than usually prevalent. The same may be said of catarrhal troubles.

Diarrhœa, and even dysentery, have been common. The former has in many cases followed measles, but I do not see any evidence that both have been difficult to treat.

Rheumatism we have at all seasons, and I should think more than usual this winter.

Our weekly bills of mortality have not been large, as you have seen by the pages of the *Boston Medical and Surgical Journal.* C. E. B.

NECROLOGY.

Dr. Daniel Polhemus died at his residence in Englishtown, N. J., on Monday, the 1st of March, after a short but severe illness, in the 50th year of his age. He had a large circle of relatives and friends, by whom he was esteemed and beloved, as well as by the whole community in which he resided. In his death, Englishtown has lost one of its brightest and most useful citizens, and the public a skilful, humane, and attentive physician. He died as he lived—a true and devout Christian.

Among those lost by the burning of the steamer Eliza Battle, on the Tombigbee River, in Alabama, recently, we regret to see the names of Drs. S. W. Clanton and S. H. Jones. The former is reported as "frozen," the latter as "never seen."

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Dr. Clanton resided at Warsaw, Ala., and was a prominent member of the profession of that State, and one who has ever taken an interest in the American Medical Association.

DIED, at Moorestown, N. J., March 19, 1858, S. C. THORNTON, Sr., M. D., in the 65th year of his age.

——, at his residence in Yardleyville, Bucks Co., Pa., Sept. 10, 1857, ALFRED SMITH, M. D., in the 44th year of his age. The deceased had been actively engaged in the practice of medicine for the past twenty years, and at the time of his death had a very extensive practice. He complained of feeling unwell on the 1st of September, but continued to visit his patients until noon the next day. His disease, which at first presented the ordinary symptoms of bilious fever, soon grew worse, and terminated on the 10th, presenting the characters of pernicious fever, the distinctive features of which, however, did not present themselves until a day or two before his death. He was deservedly a popular physician, and his loss is deeply felt. He leaves a widow and two children—a son and daughter.

Extract from the Minutes of the "Newark Medical Association," approved December 14, 1857:—

Whereas, This Association receives with profound sorrow the announcement that Dr. SMITH SOUTHARD is dead—so early in his professional career—with the promise of successful life unfulfilled—having given by his assiduity in his studies, and his ever gentle and modest demeanor, a guarantee of prosperous professional labor—

Resolved, That this Association manifests its respect for his memory by tendering to his brother, our fellow-member, and other relatives, its deepest condolence, and the assurance of its sorrow.

Resolved, That this preamble and resolutions be entered upon the minutes of this Association, and a copy be presented to the relatives of deceased, and that it be published in the MEDICAL AND SURGICAL REPORTER, and in the daily papers of this city.

A. W. WOODHULL, M. D., *Secretary.*

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THE

MEDICAL AND SURGICAL REPORTER.

VOL. XI. MAY, 1858. No. 5.

ART. I.—*Case of Pneumonia characterized by Obscure Symptoms, Rational and Physical; Prostration of Vital Powers; Beneficial Effect of General Depletion.*

MR. EDITOR: I consider the following case one of considerable practical interest, principally as illustrating the importance of diagnosing between an oppressed and a depressed condition of the system, and also the vital importance of venesection in certain exceptional cases of pneumonia, a procedure so commonly resorted to in this disease in years gone by, and so seldom called for at this day. Should you take a different view of the matter, and deem the case more lengthy than useful, you may abridge or omit it altogether, without offending the feelings of

Your ob't serv't,

FREDERIC D. LENTE.

COLD SPRING, N. Y., March 24, 1858.

Was called, March 2d, 1858, at 12 M., to William Barton, aged 14, until yesterday morning in robust health. At that time, he was observed to have "a cold," and some hours later, was attacked with a chill, and complained of headache and a pain in the left side under the nipple; also with nausea, followed by vomiting of a green bilious matter. The chill was succeeded, in a short time, by a hot, dry skin, flushed face, increase of headache, and delirium. Took aperient medicine, which has acted moderately, but with no relief. He was tossing in bed, and delirious, all night, and all the symptoms have been increasing up to this time. Has also now a slight cough. Found him, not sleeping, but lying with closed eyes; twitching of the flexor muscles of the right hand and forearm to a slight extent; hot, dry skin, flushed face, but no suffusion of eyes; pulse 120, very soft, compressible, and wavy;

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tongue heavily coated; breath very offensive; respiration about 35; will answer questions, but soon closes his eyes again; says he has severe pain in frontal region and in left side, the latter aggravated by coughing or by change of position. The debility was so great that it was impossible to get the patient to maintain a sitting posture long enough, even by support, to make a satisfactory exploration of the chest. Nothing but obscure and distant dry rhonchi could be detected by a hasty examination; this existed equally on both sides posteriorly. Directed a mercurial cathartic, mustard pediluvium, sinapism to nape of neck and to affected side, intending to call again within a few hours. Was called at 5 o'clock P. M., and was accompanied by my assistant, Dr. Geo. S. Hardaway, late resident physician of Bellevue Hospital. The cathartic has acted twice; evacuations dark and offensive. Symptoms in every respect more threatening, except that less headache is complained of; is much more stupid, and can scarcely be made to answer any question, or to protrude the tongue: this now presents a brown, dry streak down the centre; hands cool, rest of the surface warm and dry; pulse 130, more feeble and wavy; respiration 40. Supported patient in the reclining posture, and made as thorough exploration of the chest as possible. Both Dr. H. and I now distinctly made out distant bronchial respiration over the middle and lower portion of left lung post., and some obscure dry rhonchi over right; slight dulness over left side; none over right. There has been no more nausea or vomiting, and the cough is not urgent; complains rather less of pleuritic pain. An important point of treatment was now to be decided. The pulse, and appearance of extreme debility, seemed to indicate stimulation, but we readily decided that these were symptoms of an *oppression* of the system by inflammation of some important organ: not of *depression*. The patient had been healthy and robust up to the period of his attack, only about thirty-six hours previous to our consultation, and it was very improbable that so much *actual* debility could have been induced by the disease in so short a time. The left lung was evidently inflamed, but only by an attack of apparently very short duration, and only over a very limited portion, and the signs there very indistinct. There were head symptoms, and increasing, but were these, like the pulse and debility, only deceptive? We

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concluded to apply cups to the temples, more as a diagnostic means than curative. It was done, and not a teaspoonful of blood could be obtained; there was no superabundant blood there. It was evident that the prostrating inflammation must be soon relieved or the patient must succumb. Wet cups to the chest would be annoying to the patient, in his present condition, and so uncertain as to the amount of blood obtained, that we decided to bleed from the arm, and note carefully the effect of the abstraction of the first few ounces of blood. The patient was accordingly supported in the sitting posture, and I opened a vein in the arm. At this time, from the exertion and the posture, the pulse was still more reduced, and the debility of the patient apparently increased. The blood flowed slowly, and very soon syncope seemed impending; cold water was given, and the patient rallied; after about four or five ounces had flowed away in a small stream, it almost ceased, and as the character of the pulse seemed improved, another vein was opened, from which a full stream flowed; when about ten or eleven ounces had been drawn, the patient complained of faintness, and a perspiration appeared on the face; he was accordingly replaced in the horizontal posture. He now seemed brighter, expressed himself decidedly as better, and his pulse, though still very weak and soft, was decidedly improved. We waited half an hour or so, and found that the pulse still maintained a better character, and the patient still seemed relieved. He was less drowsy, answered questions readily, and obeyed every direction given him. We then applied dry cups over the left side post., and ordered tartarized antimony in one-eighth grain doses every hour. There was now no nausea. I have been thus minute in order to put the patient's condition, both before and subsequent to the bleeding, in as clear a light as possible.

March 3. In every respect better; has had a comfortable night, and has slept well for some hours. His intellect is now quite clear. Has very slight headache, and very little of the pleuritic pain, and feels stronger. Has taken some food, and expressed a desire for milk. Has taken the solution regularly, and has vomited slightly twice. Has had one evacuation from the bowels resembling those of yesterday. Pulse 120, stronger, not at all wavy; some fever; tongue moist, has lost the dry, brown streak. Can now sit up, unassisted, long enough to allow of a tolerably

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satisfactory examination of the chest, which reveals less marked physical signs than last night, but no less distinctive of the disease. The bronchial respiration is heard over a very limited portion of the inferior part of the left lung, and is very distinct, but the dulness here is more marked. Indistinct rhonchi only are heard over right lung. The pneumonia is evidently central. To increase the medicine to one-sixth grain. Light diet.

Not to lengthen out the case to an inconvenient extent, I will abridge the remaining notes, and will merely say that, for several days, the physical sounds continued indistinct and distant; that no unequivocal rustiness was ever observed in the sputa, and no real pneumonic crepitation heard; that subsequently the right lung became involved in the disease, at which time bronchial respiration and rales, coarse and fine, were distinct over a large portion of both lungs posteriorly; that the respiration rose to 60, the pulse not exceeding 130. A severe pain was complained of on the eighth day in the right hypochondrium, aggravated by moving in bed, by pressure over the ribs and cartilages, and especially by pressure upward under the edge of the cartilages and ribs. After this, the cough, which had well nigh subsided, was rendered incessant by any attempt to assume the sitting posture. This was very much relieved by a blister to the part. The antimonial solution was continued, every hour, until March 14th, when it was discontinued. Convalescence was established on the 16th.

ART. II.—*Physical Degeneracy in the Profession.* By I. A. COONS, M. D., Dayton, Ohio.

IN your January No. you solicit discussion on the causes that have been operating for several years, in bringing down the medical profession in the estimation of the people. I have no doubt the causes are numerous; but, propose to call attention to one that I have not seen noticed: *Physical Degeneracy.* In politics we have the old fogy and young fogy; in medicine, old physic and young physic; in morals the conservative and the reformer. Young physic, like young America, is looking spasmodically forward to the things that are before, and as certainly forgetting the

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things that are behind. The things that are behind may be represented by the *country doctor*, 20 years ago. Who that has had the good *fortune* to have spent childhood in the country, amid flowers, meadows and groves, "God's first temples," but has vividly impressed upon memory the image of the country doctor; almost the image of physical perfection. His education was better conducted than that of the M. D. of to-day. While his mental and moral training was well attended to, his *physical* was not neglected, but the *whole* man was educated, and that balance preserved which is so essential to success and influence for any great length of time. We mostly sprang from the healthy rural classes, and commenced life free from many of the hereditary taints of to-day. His exercise was on horseback and on foot, often swimming streams and threading forests. His ventilation was good; breathing the pure air from the field and woodland—uncontaminated by city impurities. His diet was plain and substantial, not polluted by the stimulating compounds of modern cookery.

The things that are before are directly opposite the country doctor, and are well represented by the city doctor partially educated and consequently *partially influential*, physically dwarfed. True, if the brain be the organ of the mind, a good deal will depend upon the healthy and vigorous development of the brain and nervous system. In order, then, to produce this healthy development of head, heart, and body, and to secure a well balanced and influential man, we must educate the whole man; especially physically, for that is the foundation, without which it is useless to build. It is impossible for a man to be truly great for any length of time without a good healthy body. And is not physical degeneracy rapidly on the increase, especially in our large cities?

ART. III.—*Unity of the Human Race.* By R. I. JACKSON, of Harford County, Maryland.

THE indulgence of the reader is invoked, while the writer with unusual hesitancy is constrained, from a sense of duty, to offer a few lines through the columns of the MEDICAL AND SURGICAL REPORTER to the public, in comment on an affirmative article,

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On the Unity of the Human Race, in the March No. of the REPORTER, *which the Medical Society of New Jersey ordered to be published.*

Of the science of anatomy, and the natural history of man, I claim only the share that falls to the lot of the general reader, and shall only notice such parts of that production as would strike the advocates of the Holy Bible, and the unity of the races, in my judgment, as adverse to their doctrine, either by implication or direct admission; of omission we will not speak.

When a man undertakes the defence, or advocacy, of a subject, *the common sense reader* doubts and loses faith in all he writes on that subject that does not correspond with reason or their positive knowledge, after discovering contradictory positions therein (although indorsed by a society of high standing, and, probably, numbering men of standing, ability, and worth). Which incongruity will be exhibited by quoting his opening and closing remarks. Opening thus:—

"I have been actuated by a desire to present that which seemed of the *greatest importance*, and have been unable to select any *more worthy of consideration* than that of the *Unity* of the Human species."

Why worthy of selection, if not to establish by demonstrative reason that unity? Now hear the closing views:—

"We will take our stand upon the broad basis of similarity of the races. And when it is demonstrated that the great end to which the whole creation seems directed, can be better accomplished by *supposing* that man had more than a single centre of origin, then and not until then will we allow our position to be untrue."

Here if he says anything (and it *must* be *something* from the indorsement), all reason and demonstrative argument are abandoned, and he is only to be removed from that "broad basis" by accomplishing an impossibility to a man of sense, demonstrating a fact by a supposition, thus rendering this "most important subject" no subject at all.

Having written thus much on the opening and closing of that production, I shall agree with the author of it, and the New Jersey Medical Society, that the "query, is man a unit, or in other words, are all mankind descended from a single pair of human beings, is a subject fraught with the *greatest importance to humanity*, in-

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volving as it does the mutual obligation of the races to each other."

But not "the truth or falsity of that volume, upon which the everlasting hopes of millions of mankind are based."

We admire these quotations; and having read thus far, and finding its respectable indorsement, concluded Morton, Count De Gobineau, Agassiz, Nott and Gliddon, Dr. Forwood, and a host of others, would be compelled to give up the position they had with so much laborious research (resulting, I was almost convinced, in some show of reason) attempted to sustain.

But on the same page he says: "Laying aside all the evidence deducible from revelation, and founding an argument only on those facts which are obtained from the natural history of man and the world, it is incapable of perfect demonstration." "*Still, we may arrive at a probable conclusion.*"

Here our ground is virtually abandoned, and by such authority as to cause just alarm in the ranks of the Unity of the Races, for when an *acknowledged doubt* exists, there is reasonable ground for the other side to disagree. We are greatly pained at this admission. His further views have not relieved us. Thus—

"The first grand prevailing faculty with which all men are endowed, whether living amid the arctic snows or under an equatorial sun, whether the refined and educated student of science or the native Bushman of Africa, is speech or language."

And proceeds to reason that there is a general principle pervading all human language, and is evidence of a common origin. But the slightest observer of nature will find prevailing *throughout the same region* so beautifully described, the dog and fox, that are not seriously claimed by naturalists of repute to be of the same origin, whose bark is less dissimilar, and *much* less so than the lingo of the races of men covering the same region. We might instance other animals, but one is sufficient to show the weakness of this position.

"God never made his works for man to mend," and evidently endowed the *genus homo* with such language as was adapted to their wants and condition, as well as the faculty to attain that of others, necessary through their instrumentality to carry forward his great plans of progression. When and where to stop the speculative mind of man, may soon be lost in its imagining; and

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if one or twenty origins, they are all His handiwork, *perfect*, and, therefore, eulogy is unnecessary.

But that branch of his subject, and his reasoning upon the Bushman, South African, and the infant, their progression in strength and civilization as well as retrogression, couched in eloquent language, is a flourish of rhetoric, to my humble understanding, without a point; and winds up with—

"We conclude that it would have been unnecessary for mankind to have originated from five different points of creation, *unless some end were to be gained by it*, which does not appear." Which only suggests to common sense, on the other hand, that if the great God of Nature had in view *the peopling of the earth*, that object would be more readily accomplished, and naturally so, too, by five centres of creation than one, with the necessity of incestuous increase. Again, he says:—

"The savage, when he commits theft, is conscious of having done a wrong action, as appears by his immediate concealment of the article stolen, and by a studious denial of the act."

Surely, the unity of the human race is not so clearly proven by this quotation, as the fear of the savage that the thing stolen might be retaken from him.

His moral and intellectual theory of mankind sounds pleasantly to the ear, and to the student of theology may perhaps be useful, but to the scientific development of the unity theory, does not add one feather's weight. As we have in field and forest throughout the animal kingdom even visible to the most casual observer, numerous parallel characteristics therein attributed to man.

The light thrown upon the unity side of the question by his anatomical and physiological views, does not relieve us from the embarrassing doubt thrown around the mind by Dr. Forwood's development on that branch of the subject, in the February No. of the REPORTER. From his treatment of "The Skull," read before the New Jersey Medical Society, supposed to contain the seat of the mind, from which we had hoped would flow a fountain prolific with evidence to sustain the cherished theory of ages is abandoned. Thus:—

"We are not ambitious to enter upon the discussion of a subject upon which so much has been said, and from which *no certain inference can be drawn.*"

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So much for the skull, but we will quote again from this indorsed production.

"Our object is to show that in all nations an *identity exists* as to *the number* of the *bones*, and that the frame of man is so constructed as to be adapted to the end for which he was designed."

Such contrasts as that relative to the number of the bones in the human frame, only tend to quicken the mind of the general reader to such statements as will be found on page 70 of the *New Orleans Medical and Surgical Journal* for January last, by Doct. Nott, Professor of Anatomy in the University of Louisiana; he says:—

"When you place beside each other the dog, wolf, fox, and jackal, though they have some external differences, their anatomical structure is *identical;* they have the same number and form of teeth, the same number and form of bones in the skeleton, and the same internal organs."

Will any naturalist of character say the dog, the wolf, the fox, and the jackal, originated from one pair of animals?

As to the latter part of the foregoing quotation, "that the frame of man is so constituted as to be adapted to the end for which it was designed," a denial would be simply ridiculous, and would be universally acknowledged as true without an indorsement. From every evidence to the senses of man, there can be but one decision, that *all* the works of the great master Mind of the universe, are in design, execution, and end, *perfect.*

We have not authority at hand to confirm our impressions, although mortifying to confess, our observation is that the cases of insanity with the negro bear no comparison to that of the white race, and all medical authority that I have any knowledge of agree that the negro is almost exempt from yellow fever and other diseases fatal to the white race, and *vice versa.*

But the greatest blow to our long cherished ideas, and love of, and veneration for, and belief in the truth and use of the Bible, as the Christian's light and text-book, guide and stay, in matters of faith, is his virtually abandoning the truth of that part of the book of Genesis, 7th chapter, 14th verse.

"They, and *every beast* after his kind, and every creeping thing that creepeth upon the earth after his kind, and every fowl after his kind, and every bird of every sort.

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"16. And they that went in, went in male and female of all flesh, as God had commanded him: and the Lord shut him in.

"17. And the flood was forty days upon the earth.

"21. And all flesh died that moved upon the earth, both of fowl, and of cattle, and of *beast*, and of every creeping thing that creepeth upon the earth, and every man."

Therefore it is evident to every man that considers the Bible evidence, beyond the probability of a doubt, as language could not convey an idea in stronger words, *that Noah had in that ark*, "and the Lord shut him in," *every animal in existence.*

Now hear what our friend and advocate of the unity theory says, and indorsed by the New Jersey Medical Society:—

"Now if different races of men had different centres of creation, it is natural to suppose that they were created with capacities for inhabiting certain localities, *just as certain animals* made with capacities to live in tropical climates, *droop and die* when they are *removed to another region.*"

Could it be said more explicitly, or more strikingly developed to the common reader, that our great forefather, Noah, *had not every beast in that ark*, thus falsifying the truth of the book of Genesis, which I had hoped was reserved as an impregnable fortress, within whose capacious walls we could have sought a safe asylum, if unfortunately driven from every other position of defence by the continued and persevering research and talent of the advocates of the Diversity of the Human Race.

In the name of humanity, can the scientific advocates of the unity theory not give us scientific proof (not speculation) of the truth of their position, without impairing what we believe the truths of the Bible, at least equal to that of the opposition, or in conscious dignity, inspired by the belief in the justice of their views, be silent, and as has been wisely said, "save us from our friends." My only desire is to try to confine the contestants to the subject of controversy, and the development of scientific truth. For the day has passed and gone, I hope forever, with a large number of the common readers, even when assertion, theoretical speculation, or eloquent declamation, will avail more than to amuse.

But to make an impression permanent and useful upon the sensible and thoughtful reader, you must give him order, truth,

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and reason (where facts cannot be used), that he can apply to the test of his own reason, and when analyzed found pure, then received, and is no longer a matter of doubt, but stands for truth until facts may develop themselves.

With a hope not against faith, that order will prevail, and this important discussion not swell out of its proper channels, I will close for the present.

BIOGRAPHY.

ART. IV.—*Biographical Sketch of the late* JOHN K. MITCHELL, M.D., Professor of the Practice of Medicine in Jefferson Medical College. By LAURENCE TURNBULL, M.D.

THIS spring has been marked by the loss of four distinguished men in Philadelphia, in the several departments of Law, Medicine, and Divinity.[1] Again a vacancy has occurred in the faculty of the Jefferson Medical College. The fell destroyer has entered their ranks, and borne away one of their brightest ornaments. Since the reorganization of the faculty, in 1841, Dr. Mitchell has devoted himself earnestly and unremittingly to the advancement of the interests, and the increase of the usefulness of this institution. His learning and ability gave him great success as a teacher, while he endeared himself to his pupils by his kindness of heart, and the interest which he manifested in their future welfare.

John Kearsley Mitchell was born in Sheppardstown, Va., on the 12th of May, 1793. His father, Alexander Mitchell, M.D., was a native of Scotland. In 1807, at the age of fourteen, the subject of this memoir left his home, to receive his education in the Academy of Ayr, in Ayrshire, where he imbibed a love for Scotland, which he ever retained. By frequent excursions, he made himself familiar with many a hallowed spot, and the impressions made upon his youthful poetical imagination are well expressed in his own words—

> "Ah, who can leave that soul-ennobled spot,
> Nor think of Bruce, and Wallace, Campbell, Scott,
> Burns, Thomson, Ramsey, Wilson, and Macneill,
> And many a son of song, and many a hand of steel?
> Each mountain sends its lesson thro' the air,
> Castles are tombstones to dead honor there."

[1] Judge J. K. Kane, Hon. John M. Scott, Dr. John K. Mitchell, and Rev. Philip F. Mayer.

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After leaving Ayr, he commenced his classical studies at the University of Edinburgh. In 1816, having received his collegiate education at this fountain of knowledge, he returned to the United States, and entered with great zeal upon the study of medicine in the office of Dr. NATHANIEL CHAPMAN, who was not only his preceptor, but his firmest friend until deprived of him by death.

His feeling for Dr. Chapman is well expressed in his lines of dedication of a volume of poems, published in 1839:—

"To N. CHAPMAN, M. D.

"Dear Doctor, though I ha'e the will,
I fear I want poetic skill,
To do ye muckle credit;
But yet I'll imp my youthfu' wing,
And o' my guid preceptor sing,
Though ye y'ersel' may dread it.
I've often wished for Burns' pen,
And thochts frae Ramsey's fairy glen,
To do ye fitting honor."

* * * * *

"Ah! weel I mind when first I saw
Ye laying down the morbid law
O' nature to the student."

* * * * *

"Wi' easy grace and potent sense,
Clear order, a' without pretence,
And learning without show, sir,
Ye charm'd the eye, and pleas'd the ear,
And made y'r thochts sae richly clear,
The darkest truth did glow, sir."

* * * * *

Dr. Mitchell passed his examination with honor in the University of Pennsylvania, but in consequence of ill health, before receiving his degree, made a voyage to Canton. After his return, he commenced the practice of medicine, and his prepossessing appearance, his bland and agreeable manners won for him a host of patients and friends. He afterwards made a second and even a third voyage to China, with much advantage to himself, his mind being ever open to everything that would be of service in his profession.

Shortly after his return, he was associated with Drs. Hodge, Dewees, Bell, and Jackson, as a lecturer on medical chemistry in the Medical Institute, founded by Dr. Chapman, the first organized system of *summer* medical instruction. Here he acquired a reputation as a clear and instructive lecturer, and a good experimenter.

In 1822, he was married to Miss Henry, daughter of the late Alexander Henry, Esq. About this time, though yet a young practitioner,

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he was elected a visiting physician to the Almshouse Infirmary, now the Philadelphia Hospital, Blockley.

In the winter of 1833, he was appointed to lecture in the Franklin Institute, on "Chemistry applied to the Arts," and was listened to by a large and attentive audience. In this connection, we may state that he was the first chemist in this city, in fact, in the United States, to repeat the dangerous experiment of solidifying carbonic acid. His lecture upon "Water," delivered about this time, was one of his best productions. He spared neither expense nor trouble to instruct and amuse his audience. This lectureship he held for five years.

In 1834, he contributed the article on "ARSENIC," in the *American Cyclopædia of Practical Medicine and Surgery*, edited by Isaac Hays, M. D.—a valuable and thoroughly elaborated essay. He was the author of several other papers of much ability, as, one on the "Corpora Lutea," with experiments, republished in the *Ann. de la Méd. Phys.*, for March, 1828; one on "Chronic Dysentery," while visiting physician to the Pennsylvania Hospital, in the *North American Medical and Surgical Journal;* in the *American Journal of Medical Science*, an important article on the "Penetrativeness of Fluids;" in the same journal, a bibliographical notice of the work of Dutrochet, on "Endosmose and Exosmose;" in this journal, in 1831, he brought forward a new treatment in "Acute and Chronic Rheumatism," which was cupping to the spine, especially over the region which supplied the affected part with nervous influence. To this treatment he adhered, we believe, with unabated confidence, till death; sometimes using in milder cases sinapisms in preference to cups, and with decided success, cutting short the attack. Subsequently he reported a series of cases to prove the spinal origin of this disease, and hence the advantages of his treatment. Of thirty-one cases reported, twenty-one were cured within eight days, and of the remaining ten, four were instances of frequent relapses from imprudent exposure during convalescence.

In 1834, he delivered an introductory lecture to the summer course of the Medical Institute, which was published, on "The Value of a Great Medical Reputation, with Suggestions for its Attainment." In 1838 was published an account of his experiments on "Liquefaction and Solidification of Carbonic Acid," in the *Franklin Institute Journal.* He also edited *Faraday's Chemical Manipulations*, with numerous additions, &c.

In 1841, he was elected to the chair of Practice of Medicine, in the Jefferson Medical College—a position which he filled with ability, and much to the satisfaction of all connected with that institution, till his death.

In 1849, he published a small volume "On the Cryptogamous Origin

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of Malarious and Epidemic Fevers," the substance of which he had delivered to the class of 1846–47, to whom it is dedicated—a work of undoubted merit, proving by reasoning, analogy, and experiment, the truth of the conclusion to which he had arrived.

I have adverted briefly to Dr. Mitchell's original ideas in regard to the causes, nature, and treatment of disease, while yet young in his profession. In concluding this imperfect sketch, I feel that I ought to take some notice of his more recent teachings during the last seventeen years. That he was a most successful practitioner no one can doubt who has, like the writer, heard his praises from the lips of grateful patients. Persons flocked to him from all parts of the United States, and, had he desired, he could have had the most extensive practice in the city of Philadelphia.

He early advocated the true distinction between typhoid and typhus fevers, and, in the treatment of the former, he introduced the internal use of the nitrate of silver. He also discovered a fatal sign in this disease—a hitching of the elbows of the patient, as if to move on them from one position to another.

In the acute forms of insanity, he advocated strongly the use of free depletion, and in many of his cases with most astonishing success. In that most fatal of all diseases—consumption, his chief reliance in the early stage was on the internal administration of liquor potassæ arsenitis, and with the most happy results in many cases.

In another most fatal disease—deposit of fibrin on the endocardium, and exocardium, and valves of the heart, he was fully of the opinion that large doses of ol. terebinthinæ would, and had removed such deposits.

He proved that yellow fever was the product of fungi and infusorii received into, and developed in the system.

In scarlatina, that scourge of childhood, he considered the disease was much influenced by fumigation and inhalation, and chiefly relied upon chlorine.

There are many other diseases in which I might state his peculiar views, with benefit, no doubt, to the profession, but I must leave the subject for want of room, for the present, regretting that one with such brilliant literary talent, and so philosophical a mind, had not been able to have left to his thousands of pupils a volume of practice which would, no doubt, have been eagerly sought for by the profession throughout the United States.

He was elected to the College of Physicians at a very early period, for I find his name in the list of fellows in 1834; he was also a member of the American Philosophical Society. In February, 1825, he was one

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of the corresponding secretaries of the Philadelphia Medical Society, and was appointed to deliver an oration before them, which was considered worthy of publication by the society. He was a member of the American Medical Association, of the Academy of Natural Sciences of Philadelphia, and of the Society of Medicine of Greece.

In 1855, having been much engaged in his duties, and having exhausted himself, it resulted in paralysis of one side; but almost before he was able, he was again engaged with his class.

At this time, having been elected to the position of *Grand Master* of the Masonic Order in Pennsylvania, he was necessarily much engaged with the interests of this benevolent institution. At the dedication of their hall in Philadelphia, he delivered the oration, which was much lauded by the press throughout the country. He performed his duties at the College with his usual vigor, and the course terminated without his having shown any renewal of his former troubles.

He was attacked with typhoid pneumonia, which rapidly ran its course, and terminated in death on Sunday, the 28th of March.

He leaves four sons and three daughters; the eldest son died while at school; the second (Dr. S. Weir Mitchell) shows decided talent for the profession, and it may be expected the mantle of his father will rest upon him.

As a physician and a teacher, he was eminently successful; as a man, he was beloved and honored by all with whom he became connected.

ART. V.—*Abstracts prepared expressly for the* REPORTER *from Exchanges received at this office and from other sources.*

(*a.*) SURGICAL.

1. *Silver Sutures in Vesico-Vaginal Fistula.*—On this subject, we have before us two essays: one by J. Marion Sims, M. D., of the Woman's Hospital, N. Y., and the other by N. Bozeman, M. D., of Montgomery, Ala. From the work of Dr. Sims, we learn that Dr. Bozeman was "indoctrinated" by him in the use of sutures of silver wire, but "not understanding its principle of action, and therefore failing in its practical application, he was quite disheartened with his ill success, when, by mere accident, he fell upon a plan of fastening the wire, and so modifying my method, that, in awkward or inexperienced hands, it became easier of application." It seems, now, that Dr. B. appropriates the whole as his "new mode of suture." From a careful

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examination of both essays, it is evident that one plan is adopted by both almost throughout; Dr. Bozeman having modified slightly that of Dr. Sims, by the addition of a button instead of the clamp formerly employed.

The suture is made with silver wire, about size No. 93, and properly annealed: about eighteen inches for each.

Dr. B. pares the edges of the fistula, and passes the suture about half an inch from its edges. The raw edges are then drawn closely in contact by bringing the ends of the wires together, which he does by his "suture adjuster," a steel rod fixed in an ordinary handle, with the distal extremity flattened, and on one side a projection perforated, through which the wire is passed till it comes in contact with the tissues. A button is placed on the wires, its concave surface in contact with the vesico-vaginal septum. Shot are then passed down over the approximated ends of each suture, and traction made, to insure close coaptation of the edges. The shot are then compressed, the wires clipped off, and the whole allowed to remain for about ten days.

Dr. Sims, after having used the plan of Dr. B., and failed in several cases, concluded to try it without either the button or the clamp, which he had successfully employed previously. He passes first silk ligatures, and with these draws through the wires; the sutures to be passed near the edge of the fistula, so as to embrace the whole of the denuded surface, but not to penetrate the mucous lining of the bladder. They should be about three-sixteenths of an inch apart, and each fastened separately, by twisting the ends of each together. This is performed by holding the wire close to the tissues, and twisting by means of forceps evenly, and then flattening down the twist.

Both gentlemen claim for their modes that they are successful in the majority of cases, and adapted in every respect to fulfil every indication. Dr. S. has used his plan in surgical wounds in all portions of the body. It must be confessed that Dr. Sims becomes a little extravagant while dilating upon the advantages of his invention, but this is perfectly excusable. We think a man has a right to boast a little (and a great deal, if he likes) when he succeeds in benefiting his fellow man.

Both gentlemen furnish us with cases of success by the use of their operations; but we must have a complete detail of all the cases operated upon, *unsuccessful* as well as *successful*, in order to form an accurate judgment as to the merits of each.

The WOMAN'S HOSPITAL, a most praiseworthy institution, has been founded in New York, by the exertions of Dr. Sims, for the purpose of relieving these cases. We find in the *Western Lancet* for Nov., 1857, a report by Dr. Geo. C. Blackman, whose skill is well known to the pro-

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fession, of a case of vesico-vaginal fistula in which Dr. Bozeman's method was successfully employed, after repeated failures with the clamp suture, the plan formerly employed by Dr. Sims. In another case, reported by Dr. Schuppert, of New Orleans, in the *N. O. Med. News and Hospit. Gaz.*, April, the operation performed was a combination of both: that is, "the wound was sewed by sutures of silver wire, and these closed by shots over a silver plate." He even included a portion of the bladder in the sutures, instead of avoiding it as recommended. The operation was perfectly successful, and about twenty days after the operation, she was attending to her duties, perfectly well.

It is only by many reports like these that we shall be able to determine the relative value of the two methods.

While on this subject, we might remark that we find in the April number of the *Lancet* an article on the treatment of this deformity by means of the actual cautery. "Three applications were sufficient; after each of these, the urine did not appear for a time in the vagina, but did so again on the falling off of the eschar. After the third, the parts united completely; and milk injected into the bladder did not penetrate the vagina. To ascertain whether the least slit had been left, M. Nélaton put into the vagina a plug of lint dipped in prussiate of potassa, and injected into the bladder a solution of the sesquioxide of iron. No purple tinge was noticed on the plug. It would be worth while, now that the galvanic cautery can be so easily applied, to give this method a trial before resorting to the sutures which so often disappoint the surgeon." In the case mentioned, the rent measured three-quarters of an inch transversely.

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2. *Strangulated Inguinal Hernia relieved by Belladonna.*—A case is mentioned in the *Lancet*, as obtained from the *Revue Thérapeut. du Midi*, where the patient had labored under inguinal hernia for twenty years. He left off his bandage for some time, when strangulation suddenly ensued, without any apparent cause. M. L'Hermier, who was called after the taxis had carefully but unsuccessfully been employed, ordered six grains of ext. of belladonna in a mixture. He applied to the tumor a poultice of linseed meal, sprinkled with twenty drops of tinct. of belladonna, he being also placed in a warm bath. In the course of one hour, the alarming symptoms subsided, the tumor softened, and "the patient was roused by the sudden and somewhat noisy return of the parts to the cavity of the abdomen." Very correctly, the *Lancet* remarks that "it remains to be seen whether the poultice and bath had not a *very large* share in the result."

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3. *A Ready Method of determining the Presence, Position, Depth, and Length of a Needle broken into the Foot.*—The *Oglethorpe Med. and Surg. Journ.* takes this subject from the *Med. Times*, by Alfred Smee. Mr. Smee shows the means to be employed for making the needle magnetic, and says he detected a piece weighing only one-seventh of a grain, that had been broken in the finger. He details the following case, which we give entire. "A lady, in walking about her bedroom, ran a needle into the great toe; on searching the floor, a part of the needle was found, and there was every reason to believe, from the sensation, that the pointed end was broken off, and left in the toe. Unsuccessful endeavors were made to extract it. About two months afterwards, doubts were expressed whether any needle was in the foot; a scientific friend offered to settle that question, and, if it was there, to say in what part of the toe it then had its place, and what was its direction, its depth, and probable length. The following were the means employed. A fine sewing-needle was well magnetized, and a piece about one-eighth of an inch long was broken off. Then a filament of cocoon silk, about an inch long, had one end attached to the middle of the little magnet by a touch of soft cement, and the other end to the handle of a camel's-hair brush. In this way, a minute test magnetic needle was obtained, which pointed well under the earth's influence, and could easily be brought near any part of the toe.

"The toe being examined by this needle, showed occasional deflexions of the latter which, being imperfect as indications, still seemed to imply that a piece of the broken needle was there, but rather deeply situated. Now the means of increasing these indications, and making them tell their story more perfectly, was applied, and upon the following principles. A piece of unmagnetized needle will affect a little magnet at a distance very feebly compared to the same piece magnetized. The unmagnetized piece will affect either end of the test-needle alike, whereas the magnetized piece will affect the opposite ends in different ways, attracting one and repelling the other. A piece of unmagnetized needle can be magnetized at a distance by a magnet of sufficient power, and as well whilst in the toe as out of it; also its magnetic state can be reversed, if the inducing magnet be reversed; and further, it can by management be unmagnetized, and when without magnetism it is not rendered magnetic, whilst the lines of force of the inducing magnet are perpendicular to it. Upon these principles I started, employing (as inducing magnet) a single bar horseshoe magnet, made by Logeman, with the poles so far apart that I could introduce my thumb between them. The magnet was brought up to the toe, then taken away, and the part examined by the indicating needle. The indication was not stronger than before. Hence, one of two conclusions was probable: either there was no piece of needle there, or its position was at right angles nearly to the line joining the poles of the inducing magnet, where it had been applied. So the inducing magnet was employed again in a

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different position, and now the indicating needle told its story beautifully, showing that a little magnet had been formed within the toe, which by its power attracted one end of the needle, and repelled the other. A few more trials with the inducing magnet showed in what position it was able to act most strongly on the hidden needle, and then the position of the magnetic axis of the former indicated the position of the latter. Reversing the position of the inducing magnet instantly changed the magnetism of the buried needle, and then that point of the skin which before attracted the marked end of the indicating needle repelled it strongly, and attracted the other end. It was beautiful to see when the indicating needle was carried round a given spot, on the surface of the toe, how one end always pointed towards that spot, and even moved, as if striving to dip down to it. Thus the direction of the piece of needle, and the locality of one end, were clearly shown. Then came the question, where may the other end of the piece be, and what is the probable length of the whole?

"'By carrying the indicating needle about the toe, it was found that the opposite end of the imbedded needle, though it exhibited an influence over the indicator, did not come near the opposite surface of the toe, but was buried deep in the flesh. Hence the broken needle pierced deep, and almost perpendicularly into the flesh, but did not come near the other side. I guess it, therefore, to be about the third of an inch long. Presently we may tell if the needle travels, and which way it is going.'

"Hence—1st. The *presence* of an imbedded needle may most surely be determined, by making it into a magnet by induction, and then testing for it by a minute suspended magnet.

"2d. The *direction* of an imbedded needle may be determined by marking the direction in which the inducing magnet makes the strongest magnet. When the length of the imbedded needle lies in the line joining the poles of the inducing magnet, it becomes the strongest magnet.

"3d. The *depth* of the imbedded needle may be determined by the intensity of the action near the surface of the skin.

"4th. The *length* of the imbedded needle may be guessed when the direction is known, and the amount of magnetic action at the part of the surface opposite to the spot where the needle entered is observed.

"Lastly, the *motion* of the imbedded needle may be determined by carefully noting, from time to time, the changes that require to be made in the position of the inducing magnet in order to give to the hidden needle the strongest possible magnetism."

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4. *Substitute for Anæsthetics.*—In the *Dental News Letter* for April, Dr. J. D. Wingate proposes essence of cloves in place of anæsthetics in operations. He administered it about twenty drops at a time in several cases, producing anæsthesia to a certain extent. On some persons it had little or no effect. Before forming an opinion, it will be necessary to have tried this article in many cases. If it should prove successful in the majority of cases, its cheapness, freeness from dangerous effects,

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&c., will cause it to be adopted to a great extent, and by many who have hitherto feared to use ether, &c.

(*b.*) PATHOLOGICAL AND THERAPEUTICAL.

1. *The Curability of Consumption.*—From a monograph of undoubted merit, entitled *Assimilation, Consumption, and Scrofula*, by Dr. B. H. Washington, of Hannibal, Mo., we abstract the following. Each point Dr. W. has well elaborated, and each position has been well proven:—

According to Prof. Gross, one-third of the deaths occur from tuberculous diseases, and in view of this fact it behooves every one to take especial notice of everything on this subject, and to endeavor to prove as speedily as possible the good results likely to flow from any plan of treatment which may be recommended. Dr. W. offers the following propositions:—

"1. Consumption and scrofula are caused by impurity of the blood.

2. That impurity is caused by unassimilated chyle in the blood.

3. Assimilation is a physiological process, and cannot be assisted otherwise than by attention to physiological laws.

4. Good food and healthy digestion are two essential requisites for the furnishing of healthy chyle.

5. A third physiological law to be attended to is, that respiration plays a very important part in the assimilative process; and the function of respiration is not 'solely to eliminate carbon from the blood,' as ordinarily maintained.

6. Perfect respiration is absolutely essential to perfect assimilation, and tuberculous depositions occur because respiration fails to put the finishing touch to the assimilation of the chyle.

7. According to the laws of heat, one thousand degrees of heat become latent upon the conversion of water into vapor.

8. In consequence of that law, a full healthy action of the skin is necessary to keep up a proper equilibrium of temperature; and as the temperature is exactly in proportion to the respiration, it must be equally necessary to perfect respiration.

9. So long as we regard those diseases as pathological, to be remedied by officious intermeddling, they will be opprobria of the healing art, and, conversely, whenever we strike at the true cause of the impurity of the blood, viz: imperfect assimilation, to be remedied by careful attention to *physiological processes*, the practice will be successful."

Certain incidental cases caused him to inquire into the phenomena connected with respiration, and he arrived at the conclusion that imperfect respiration was the cause of consumption, scrofula, &c. He instances the fact that drunkards rarely present tubercles, and hence

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many have considered alcohol the proper remedy. This position he denies, and considers their exemption due to the fact of their breathing more freely and perfectly.

Concerning the fact of tubercles always making their appearance in the apex of the lungs before showing themselves elsewhere, he considers it due to the imperfect aeration of that portion of the lungs, by the position, &c., of those who are afflicted with tubercles. When respiration is only partially carried on, so that the lungs are not completely filled with air at each inspiration, the apex is almost sure to be deprived of its due quantum, and thus is explained the reason why the apex should be the first portion generally to be affected.

In further proof of his position, he adduces the fact of those who lead active lives not being so liable to tuberculous diseases. Here, while exercise is active, "respiration is necessarily frequent and full, and, as a matter of course, assimilation is perfect." In illustration, we have instances presented of diseases of a similar nature in animals being commonly relieved by perfect freedom from restraint.

While on this portion of the subject he suggests the idea of our using as food the meat of cows, hogs, &c., who have died tuberculous, and yet expecting, while ingesting such matter, that we shall enjoy immunity from similar diseases.

To show the effect of exercise, &c., he instances the case of a gentleman who was informed by his physician that he must die of consumption. "He swore he would not die; quit all medicine; took to sponging himself every morning; forcibly inflated his lungs to their fullest extent as soon as he arose; did so frequently during the day; threw his shoulders back so as to give his lungs fair play; always walked with his arms thrown over a cane across his shoulders so as to avoid attracting too much attention; took as much exercise by walking as his strength allowed, gradually increasing it as his strength increased; got rid of his cough and hectic fever; regained his health, and is now fat and hearty, measuring six inches more in the circumference of the chest than he did when told he was bound to die." He mentions singing as having excellent effects in relieving weak lungs, as rendering assimilation more perfect, enlarging the chest, &c.

Again, "it is a well established fact, that pregnancy generally suspends the progress of consumption, which seems to go on faster after the termination of gestation." He considers this as due to the fact of the pregnant woman being compelled, as it were, to hold herself more upright, and fill her lungs more perfectly at the same time.

He also explains the appearance of contagion in consumption in certain cases. "The attendant breathes the same heated, vitiated atmo-

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sphere, is worn out with fatigue, anxiety, and want of rest, and digestion is imperfect." Hence, the deposition of tubercles is not to be wondered at. Tight lacing and its consequences are familiar to all, and forms another instance in proof of these propositions.

He sums up as follows :—

POSITIVE.		NEGATIVE.
Drunkards.		Sober men.
Base of lungs.		Apex of lungs.
Active lives.		Sedentary lives.
Capacious chest.		Narrow, contracted chest.
Dairy cows roaming.	Perfect	London dairy cows.
Monkeys at liberty.	Respiration	Monkeys caged.
High situations.	and	Cellars.
Well ventilated rooms.	Perfect	Crowded, badly ventilated rooms.
Out-door life.	Assimilation.	In-door life.
Indian belles.		Tight lacing belles.
Chyle first passed through the lungs.		Chyle not thrown directly into the arterial system.

He then turns to examine into the success met with from the practice in accordance with these views. He quotes a very interesting letter from Dr. Jas. Norcom to Dr. Physick, in 1813, relating his own case in detail, and showing conclusively very advantageous results from a continuance of exercise under the most unfavorable circumstances.

Another case from the *American Journal of the Medical Sciences*, April, 1855, reported by Dr. Stokes, confirms his propositions in the most marked manner.

A case from Dr. Parrish of undoubted consumption is reported in detail, and certainly forms undeniable evidence in favor of this practice. (See *North American Journal of Medicine*, vol. viii. p. 276.)

Thus he leads us on, quoting case after case, each one showing clearly the truth of his mode of practice, and compelling the reader to believe that perfect respiration and assimilation are alone competent to cure consumption, and certainly to prevent it, when hereditary predisposition exists.

But another organ is deemed as important as the lungs; that is the skin. Without it, the lungs cannot do their duty. From the law of latent heat, in the seventh proposition, a large quantity of caloric is taken up by the conversion of the perspiration (in ordinary cases insensible) into vapor, and thereby a due equilibrium of animal heat is kept up; and when the heat of the body would be certain to rise above the healthy standard from active exertion, the conversion of the profuse perspiration into vapor takes up such a large quantity of animal heat, that

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an equilibrium is still kept up, and the person is relieved of those excessively oppressive sensations arising from active exertions when the skin is inactive, so well known by the term "short-winded." The skin may therefore be considered the safety-valve of the lungs, and its healthy action is absolutely necessary to a healthy action of the lungs; when the safety valve is loaded down too heavily, evil always results.

The necessity of the skin being kept clear is too well known to need any proofs of evil results from inattention to its requirements, though he gives some interesting instances of virtual, and, in some, actual "coatings" being applied to the skin, and resulting in death. He gives us the following chain of reasoning: "The skin, say from cold, not being in a healthy working order, respiration cannot be properly performed; respiration being imperfect, assimilation is imperfect; assimilation being imperfect, disorder of the digestive apparatus in some form or other is the result." Again, "indigestible food being taken into the stomach, unhealthy chyle is formed, consequently unhealthy blood is circulated, the skin cannot perform its functions in a proper manner, hence a dry, inactive skin." Or, "respiration being impeded by posture, tight lacing, &c., assimilation is imperfect, disorder of the digestive apparatus follows, and hence dyspepsia."

In conclusion we will quote the following: "In order to cure our patients, it would appear far more reasonable to see *what* and *how they eat;* to see what kind of air, and how it was breathed." So convinced is he of the practical success of these principles, that he says: "I have no doubt if the community could be induced to live as they ought, in obedience to physiological laws, consumption and scrofula might be exterminated in the course of a century, as effectually as smallpox by vaccination."

Many physicians of much ability have at various times succeeded in relieving permanently consumptive cases, and have attributed their success to certain medical agents which have been employed. For instance, the late Prof. J. K. Mitchell, M. D., we have repeatedly known to speak of his marked success with the *liq. potas. arsenitis*, and exercise on horseback, &c. Now had he ordered the exercise alone, we opine that his success would have been as marked. We are connected with a celebrated case of his, where *a family of seventeen children*, with one single exception, died of phthisis of the most marked form. This one case he always quoted as having saved by the persistent use of the liq. potas. arsen. and exercise. That single exception, I firmly believe, would also have died of consumption, but for the exercise; perhaps the use of the arsenic may have contributed to produce the good result. We hope this matter will be more thoroughly attended to by our professional brethren, and instead of looking in foreign lands, among Indians, &c.,

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for some healing plant, that they will seize hold of what is ever before them, and promises such good results.

2. *Dysentery: its Pathology and Treatment.*—Dr. Robert Campbell, of Augusta, Ga., has published some lectures delivered by him on the above subject in the Jackson Street Hospital, Augusta, a summary of which we present our readers.

In view of the practical importance of this monograph, we much regret the perishable form in which it is presented—that of a pamphlet. Dr. C. gives us in the first lecture, "The Nature and Pathology of Dysentery;" in the second, "The Treatment;" in the third, "The Appropriate Treatment." He considers that in dysentery there are "two co-existing and co-extensive conditions, as manifested by their co-equal symptomatic results, viz: *spinal irritation* and an *inflammation in the mucous membrane of the large intestine.*" He states that there are "*four conditions*, and hence *four indications* of treatment, viz: 1st. Fever, depending upon spinal disease; 2d. Inflammation of mucous membrane; 3d. As this mucous membrane lines an excretory canal, the seat of the inflammation, it must not be obstructed; 4th. Exhaustion, or fatigue, requiring 'rest and resuscitation of strength.'" For the first, or *fever*, he uses quinine, so as to keep the system under its influence, which in many cases relieves entirely all the dysenteric symptoms. He reviews the plans of treatment with opiates, astringents, etc., and proves clearly that they do not answer the indications. To counteract the torpidity of the liver, he prefers: ℞.—Mass. pil. hydrarg. ʒj; cretæ præp. ʒiij. Triturate well together. Of this, give ten grains morning and night.

What he considers as the *appropriate treatment* is to answer the *two indications* derived from the consideration of the *intestinal element* of the disease. 1st. *Inflammation of a mucous membrane, requiring its own peculiar treatment.* Under this head he reviews the treatment hitherto pursued to fulfil this indication, as ipecac., tr. benzoin. comp., copaiba, creasote, &c., some of which he heartily indorses as well worthy the consideration of the physician. His own favorite is turpentine, combined with ol. ricini.. After many valuable reasons for preferring this article, &c., he presents the following recipe as one eminently successful in many cases:—

℞.—Ol. ricini fʒij;
Sodæ bicarb. ʒj;
Ol. terebinth. fʒss;
Pulv. gum acac.,
Sacch. alb., āā ʒj;
Spt. lavand. comp. fʒj;
Aq. camph. q. s.

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To make eight oz. emulsion. Flavor with some essential oil. Of this he gives a teaspoonful every two hours, gradually increasing to a tablespoonful, as the stomach is able to bear it.

The whole paper is of value, and by its clear exposition of the indications, diseased action, etc., commends itself to the reader as well worthy of a careful perusal.

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3. *Glycerine as a Local Application in Pseudo-Membranous Croup.*—Dr. E. R. Mayer, of Penna., reports, in the *American Journal of the Medical Sciences*, for April, some results of the above treatment. He had for some time used glycerine with apparent benefit in mild cases of laryngeal difficulty. In two cases, severe and well marked—a boy eighteen months old, and a girl four years old—he says: "Suffocation seemed imminent. The treatment consisted in prompt emesis by from two to four grains of sulphate of copper, by which the severity of the symptoms was mitigated, and afterwards in the rapid introduction of calomel into the system; in the use of from one to three grains of sulphate of copper, dissolved in water, every two or three hours; in the administration as often, but alternating with it, of tartar emetic in nauseating doses, and of that still more efficient sedative, the veratrum viride, in doses of from two to four drops of the fluid extract, for the purpose of lowering the circulation. Small blisters were also applied over the upper part of the sternum, and the application of glycerine was commenced and repeated at intervals, whenever its use was called for by a return or increase of the brassy, ringing cough, or crowing respiration. Its application was in each instance soon followed by a manifest softening of the tone of breathing and cough, and by considerable reduction of dyspnœa and general distress."

Though the improvement continued only for a few hours, yet by a renewal of the application, he kept the disease in check and lessened the local irritation, till the system became sufficiently improved by the constitutional treatment. It was applied "by pressing down and drawing forward the tongue with the finger, and squeezing out the contents of a camel's hair brush, over the chink of the glottis, concluding the operation by swabbing the whole throat." He considers it "evidently applicable to other diseased states of the respiratory passages."

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4. *Local Application of Belladonna with Mercurial Ointment in Croup.*—In the *American Journal of the Medical Sciences*, for April, 1858, Dr. J. D. Shelton, of New York, gives some account of his experience, as well as that of others, with belladonna and mercury, as a local application. His preparation is: R.—Ext. belladonna ʒij; ung. hydrarg.

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mite ʒvj.—M. Rubbed freely every two hours on the skin over the trachea. Another physician used it after a blister over the parts, and with much apparent benefit. In one case mentioned, tracheotomy was thought of, the case seemed so desperate, but the friends wishing to defer it to the last moment, the belladonna and mercury was applied as above, and with the happiest effects. He says: "Judge of my delight on my return to find every symptom of suffocation relieved; his breathing easy; his surface soft and relaxed, and from his disposition to doze, and the dilatation of the pupils, his whole system evidently under the specific effect of belladonna." The success in the cases mentioned is so remarkable as to cause Dr. Shelton to hope for a decided change in the mortality from croup. He says that he had used every article from which benefit might be expected, and "had even turned to tracheotomy as a last desperate resort."

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5. *Carious Teeth the Cause of Ill Health.*—In a paper read before the Cook Co. Med. Society by W. W. Allport, D. D. S., and published in the *Am. Journ. of Dental Science*, April, we find some interesting cases where the removal of bad teeth had the effect to restore the health of the patient. This was a subject upon which the late Dr. J. K. Mitchell frequently remarked in his Clinics, especially in neuralgic cases, and when there seemed no definite cause for the symptoms under which the patient labored. We will give the following, from Dr. Allport:—

"Mrs. S. called on me in March, 1856, in a very poor health. She had been so much of an invalid for several years that she had been able to do but little. She told me she had 'doctored' a great deal, but without avail. I found her teeth and gums in a bad condition. Her teeth were past saving, and I accordingly extracted eleven. She called on me again in three months, and her health was so much improved, and she had gained so much in flesh, that I hardly knew her; and she is now, without the aid of medicine, perfectly restored to health."

Though, in comparison with former customs, the teeth are much attended to, yet an immense number of patients suffer themselves, or are permitted by their medical attendants to suffer, without a single inquiry as to the condition of the teeth.

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6. *Vicarious Menstruation.*—In the *Oglethorpe Med. and Surg. Journ.* for April, Prof. Blair, of the Oglethorpe Medical College, reports a singular case of *vicarious menstruation*. The subject was a young lady of fifteen years, who never menstruated, but at each period had all the evidences of approaching menstruation, which would suddenly disappear, and she would be attacked with acute inflammation in the right eye.

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Three successive occasions had occurred, when Dr. Blair was called, and on examination, considered three indications presented :—

"1st. Imitate nature by the extraction of blood, thus depleting the surcharged vessels.

"2d. Subdue the inflammation of the globe of the eye and surrounding parts, and promote the absorption of lymph effused between the layers of the cornea.

"3d. Restore the tonicity of the system, thereby assisting the uterus to perform its normal action at the next regular menstrual period."

He met the first and second by everting and freely scarifying the eyelids, cupping the temples, and applying to the everted lids, by means of a camel's hair pencil :—

℞.—Argenti nitratis gr. x;
Aq. rosa. ℥j.

Then ordered :—

℞.—Pil. hydrarg. ℈j;
Pulv. ipecac. gr. iv.—M.

Divide into ten pills. Take five, and follow by a saline cathartic.

He slightly mercurialized her by means of the following :—

℞.—Hydrarg. iodid. gr. vij;
Pulv. ipecac. gr. xx.—M.

Divide into twenty pills. One three times a day.

She gradually improved under this, with the addition of the syr. ferri iod., twenty drops three times a day.

At the next period, it seemed about to return, great pain being felt about the eye, but it ceased, after the use of ten grains of aloes, the hip-bath, sinapisms to the feet and legs, and cold to the eye. By the next morning she menstruated freely, and was entirely restored.

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7. *Nitric Acid in the Treatment of Hæmorrhoids and Prolapsus of the Rectum.*—Dr. V. A. Brown, of London, Canada West, in the *Montreal Med. Chronicle*, relates some cases where great benefit was found to ensue from the use of nitric acid in the above diseases. He considers it preferable "either to excision or the ligature, as less painful, certain in its results, and free from all danger." M. G. Cusak has used it with much success in the Dublin School of Surgery for many years; he applied it over the part till the surface becomes of a grayish white. A little oil is then smeared over, to prevent the acid affecting other parts. A slough forms, leaving a healthy granulating surface, which soon heals, producing contraction and pressure on the distended hemorrhoidal vessels. The patient should be confined to bed a few days, on low diet and opiates, to produce constipation. Dr. Blair's cases are

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very conclusive as to the benefits resulting. In one case, he applied it twice, with complete removal of the tumors, which were very large.

A case of prolapsus of the rectum of some thirty-eight years' standing and of a painfully distressing character, resulting from dysentery, after the first application of the acid, was much improved. Dr. B. is sanguine of a perfect cure, after one or two more applications.

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8. *Iodine in Hospital Gangrene.*—The *Union Méd.*, 1857, No. 57, contains the views of Dr. Saurel on the efficacy of tincture of iodine in certain cases, to combat hospital gangrene. He had several times the opportunity to resort to it in the Crimean army, and always with good results. Nevertheless, he recommends the remedy to be used only in a specific form of hospital gangrene, and at the outset of the disease; in cases where the patient has too great a terror of the hot iron, and where the gangrenous parts are inaccessible to it. The parts are covered with lint compresses saturated with the tincture, and emollient cataplasms on top. L.

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9. *Bright's Disease.*—Referring to the *Lanc. Franc.*, 1857, the *Erlanger Medicinische Neuigk.* states that Bright's disease is now treated, in the Hôtel Dieu and Beaujon Hospitals, with tartar emetic and squills principally, and that the quantity of urine increases in the same proportion in which the alvine evacuations become more copious. For our part, we can see no sense in such treatment, provided the albuminuria really proceeds from degenerative disease of the kidneys. It is both contrary to practical experience and to sound reasoning to expect beneficial results from stimulation of an already diseased and congested organ. L.

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10. *Diabetes.*—Dr. Becquerel's observations on this subject, obtained from nearly 2000 patients in hospital practice, contain some valuable points. They are detailed in the *Union Médicale*, 98, 1857. Two species of diabetes must be accepted—idiopathic and symptomatic. 1. *Idiopathic diabetes* is characterized physically by the presence of a very considerable quantity of sugar, with, at the same time, increased secretion of urine, and symptomatically by excessive thirst and appetite, and other more or less important symptoms. 2. The name of *symptomatic diabetes* is given by Becquerel to a certain number of cases where the presence of sugar has been superadded as an accessory moment to another disease. Symptomatic diabetes is characterized as follows: 1. The quantity of sugar present is never very considerable. 2. The quantity of the urine is but little increased. 3. The density of the

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urine is but little, if at all, elevated. 4. Neither thirst nor appetite is abnormally increased. The diseases giving rise to symptomatic diabetes are: Diseases of the brain and medulla spinalis; diseases of the liver; affections connected with dyspnœa (very rarely); in puerperal women during lactation ($\frac{5}{1\frac{5}{2}}$ parts of sugar to a thousand). L.

11. *Transmission of Diseases of the Teeth.*—In the *American Journal of Dental Science* for April, Dr. J. G. Russell, in a thesis submitted to the Baltimore College of Dental Surgery, after having descanted at some length on the transmission of diseases, deformities, &c., gives some facts which strongly prove the necessity of parents attending to their teeth not only for their own comfort, &c., but for the sake of their offspring. He instances several cases where females with unhealthy teeth gave birth to children whose teeth soon decayed. He found from his investigations that children born while the mother's teeth were sound and healthy, had excellent teeth, especially where both parents had good teeth; "at a later period, when the mother's teeth were beginning to decay, and causing some pain and derangement of the nervous system, with a partially deranged condition of the gums and mouth, the children showed a correspondingly defective condition." When, by the aid of the dentist, the mother had been relieved, and had none but healthy teeth, or none remaining, he observed a decided improvement in the teeth of the last children. Not only this, but the children suffered in other portions of the system, secondarily, from the effect of these diseased conditions of the teeth and gums. These facts only add to the list of reasons why all should attend to their teeth, and seek the aid of the dentist when required, without loss of time.

12. *Throat Disease caused by Coke.*—In the *Lancet* of April, we find some remarks and cases which evince a deleterious effect from the burning of *coke*. This is much used in this city during the summer, and among the poor, especially, on account of its cheapness, &c. It seems, in many instances, to have produced an irritating effect on the mucous membrane of the throat, "causing suffusion, inflammatory exudation, and also pharyngeal constriction." In the cases mentioned, the symptoms of irritation, &c., were well marked, and all speedily disappeared after the discontinuance of the use of the coke. This may account for the obstinate persistence of dryness, &c., of the mucous passages in many cases, and inquiries should be made, in all instances, as to this matter, when the physician may obtain a satisfactory reason for the inefficiency of his medicines.

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13. *Quinine in Typhoid Fever.*—In the *Lancet* for March, a very successful case, under the care of Dr. Fuller, of St. George's Hospital, is mentioned: "The patient was a little boy, eight years old, with well marked symptoms, and a distinct, mulberry rash. Ten grains of quinine were ordered, the first day, every two hours, and the change produced in the general symptoms was positively striking: the pulse came down, his skin was cool and moist, a diarrhœa ceased, and his tongue was moist." The medicine was continued in two-grain doses, three times a day, with four ounces of wine, and all went on well. Dr. Fuller has treated several cases thus, with great benefit.

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14. *Dysuria and Retention, treated by large Doses of Quinine.*—The *Lancet* gives the following: "Dr. Serres, of Dax (France), quotes eleven cases of his own practice where he succeeded in removing the dysuria, or conquered the retention, by giving disulphate of quinine in doses varying from eight to ten grains every half hour. In retention, urine began to flow after the second or third doses, and no instrument was used in the cases mentioned. It would also appear that the quinine did not produce any unpleasant symptoms."

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15. *Pumpkin Seeds for Tape-Worm.*—Dr. J. A. Corwin, of Newark, N. J., writes us as follows: "Having noticed in the *Boston Medical and Surgical Journal* a recommendation of the pumpkin seed for the destruction of the tape-worm, I employed it recently in a case of several years' standing with entire success, after using a few days pills whose principal ingredient was v. turpentine. The case, I was told, had previously had a variety of treatment."

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16. *Puerperal Fever.*—In a paper read by Jos. M. Smith, M. D., before the New York Academy of Medicine, we find some valuable observations on the causes and modes of propagation of puerperal fever. He holds that "idio-miasma" is the primary cause of this affection, and that it also produces the other diseases which prevail under similar circumstances in hospitals, as typhus, erysipelas, etc. Sporadic cases are referred generally by him to this same poisonous principle, and "which is sometimes present in the putrescent fluids discharged from, or lodged in, the uterus and vagina of lying-in women. These fluids are absorbable, and consequently may act as the efficient cause of the disease, especially if an epidemic meteoration exist favorable to the prevalence of the malady."

On the modes of propagation, he seems to adopt the belief that it is contagious. After quoting several instances, he says:—

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Though there is good reason to believe that every case in private practice does not arise from a poison conveyed to the patient from a foreign source, yet, that the disease is, in very many instances, produced in this way there is abundant evidence. But that the poison is not a specific contagion, produced exclusively by puerperal fever patients, a poison *sui generis*, capable of inducing no other form of disease than puerperal fever, is apparent from the histories of numerous cases on record. On examining these cases, it is found that the poison communicated was sometimes derived from puerperal fever patients, sometimes from erysipelatous patients, and, in some instances, from other sources. These facts, while they militate against the specific contagiousness of the disease, go to prove its idio-miasmatic origin.

The property by which the specific aeriform contagions are enabled to attach themselves to substances surrounding the persons from whom they emanate, is not peculiar to that class of poisons; it belongs also to vitiated human effluvia, or *idio-miasma*. As this poison readily adheres to clothing and other articles, it may be transported from one habitation to another. It is in this way that physicians, while attending on puerperal fever cases, and other patients from whose exhalations and other discharges idio-miasma is generated, convey the poison to the homes of lying-in women.

If puerperal fever were invariably produced by a poison derived from patients laboring under that disease, there would be less reason to question its specific nature and contagiousness. That such patients are frequently, and perhaps generally, the source of the poison, there is no doubt. Gordon says that though most of the cases that came under his care occurred among the lower classes, yet "women in the higher walks of life were not exempted, when they happened to be delivered by a midwife or physician who had previously attended any patients laboring under the disease."[1]

But the media of communication of the agent producing puerperal fever are not only fomites, such as clothing, etc., but the hands of obstetricians recently imbrued or tainted with morbid or putrescent animal matter; and W. Tyler Smith suggests another medium through which, he thinks, the poison may be propagated. After remarking that "the clothes, hair, and touch of the person exposed to the poisonous influence have been supposed to be the chief means of infection and contagion," he says: "But very remarkable cases are on record, such, for instance, as when the accoucheur has shaved his head, changed the whole of his clothes, cleaned himself by hot baths and vapor baths, and soaked his hands in disinfecting solutions, and yet he has taken the malady about with him." And he adds: "I believe that, in such cases, the blood of the person acting as the medium of infection is infected, and that by the breath a certain halitus, or infectious influence, is given out, which acts upon the blood of the puerperal woman through the lungs, and thus conveys to her system the germs of the disease." The arguments adduced in support of this opinion are ingenious, and worthy of consideration. "If we attend a post-mortem," he says, "when the smell is peculiar—if we spend some time in a lying-in room where the odor

[1] Treatise on the Epidemic of Puerperal Fever of Aberdeen.

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of the lochia is very strong—or, if we go into any very powerful smell —the taint evidently enters the body by means of the lungs, and can be perceived subjectively by the taste or smell, or its odor can be distinctly perceived in the saliva or eructations from the stomach, or in the urinary, cutaneous, and other secretions." In this mode, Dr. Smith supposes the blood of a practitioner may become infected by exposure to the puerperal fever poison, and that he may impart it to puerperal women.[1]

After giving arguments and instances to prove that it is produced by the fomites arising from other diseases, he goes on to show how *the miasm of erysipelas produces it.* This he sustains by many marked cases from various quarters; and also that it produces erysipelas in turn. These points being elaborated, prepare us for his ninth proposition, that *puerperal fever and erysipelas are generally concomitant epidemics.* This is a well established fact, and brings to our mind a remark by Dr. D. F. Condie before the Philadelphia County Medical Society, while speaking on diseases of intra-uterine life, to the effect that he had noticed that erysipelas frequently presented itself in the fœtus when the mother had puerperal fever. Dr. Condie considered erysipelas might be but the outward phenomenon of the same disease of which peritonitis was the inward symptom.

Dr. Smith next asks:—

Are puerperal fever, erysipelas, and typhus, one and the same disease? —To this question there can be but one answer, if, in respect to the occasional causes of these diseases, it be allowable to decide it by the philosophical axiom, that like causes produce like effects; for, judging from the facts before us, it is plain that, in very many instances, especially in hospitals, and, in certain circumstances and seasons, in private dwellings, the same exciting or efficient cause produces the three diseases; and, consequently, that there can be no error in concluding that they are, however diverse in form, of the same nature. That this is the conclusion at which many observers have arrived, is sufficiently evident from what has already been said. But to show that such is the fact, it may be well to notice the terms in which that opinion has been explicitly expressed or implied.

He quotes from many eminent writers, to prove the affirmative of this proposition, and then—

The question arises, if typhus, erysipelas, and puerperal fever, spring from a common miasmatic source, why, when one of them is prevalent, are not the others also? That they frequently do prevail together, we have already shown by ample evidence. It is well known, however, that of the maladies in question, the one most liable to be generated in lying-in hospitals is puerperal fever; and, also, that this disease often prevails in such institutions, without either typhus or erysipelas appearing among the nurses and other attendants. Occurrences of this kind

[1] Lancet, November 8, 1856.

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invest the subject of puerperal pestilence with the highest interest, as will be seen in the discussion of the topic to which our attention is next invited.

Extreme susceptibility of puerperal women to the effects of idio-miasma.—The extraordinary liability of puerperal women to be affected by *idio-miasma*, and putrid emanations from the human body, is manifestly owing, first, to the physiological changes which the female economy undergoes during utero-gestation and parturition; and, secondly, to the influence of a peculiar insalutary constitution of the air, or *epidemic meteoration*, which recurs and prevails periodically. So highly susceptible are puerperal women rendered by these causes, and especially by the latter, to the impressions of idio-miasma, that no sooner is the poison engendered in lying-in hospitals than it acts upon them with unexampled celerity and force. In many instances, the quantity of the miasm diffused in the air of an apartment is not sufficient to produce disease in the nurses and attendants. It is only when the poison is more concentrated, and there exists an epidemic influence which powerfully predisposes to adynamic diseases, that typhus and erysipelas occur, to any extent, cotemporaneously with puerperal fever and typhus, in lying-in hospitals and private practice.

It is remarkable, too, in how dilute a state *idio-miasma* is capable of acting with severity on women in childbed. Hospitals in which puerperal fever has recently prevailed, often retain a sufficiency of the poison to produce the disease for weeks after they are vacated and rendered apparently pure by the disinfecting agencies of washing, fumigation, and ventilation. This circumstance illustrates the exalted susceptibility of puerperal patients to the noxious operation of idio-miasma; as does, also, the great mortality of the disease. Typhus fever and erysipelas, occurring in nurses and others from the same poison which produces puerperal fever, are comparatively safe diseases; while puerperal fever is fatal to the great majority, and, in some epidemics, to nearly the whole number of those attacked by it.

Nor is it less remarkable that women removed from infected wards before their delivery, with every precaution in regard to cleanliness of person, clothing, and bedding, to pure and airy apartments, sometimes suffer by the disease not less severely, after their parturition, than if no such removal had taken place.

Having given full proofs for all his propositions, he concludes as follows:—

In reviewing the facts which have been stated, it appears that puerperal fever sometimes arises from the noxious air generated from the foul discharges of puerperal women in crowded and ill-ventilated lying-in hospitals; sometimes from the absorption of putrescent matters lodged in the uterus and vagina after parturition; sometimes from the exhalations of patients laboring under typhus fever, erysipelas, and gangrenous diseases; and sometimes from the emanations from the human body dissected after death.

It further appears, that the miasms of typhus, erysipelas, and puerperal fever, are severally capable of producing any one, or all of these diseases; and that they may attach themselves to the persons or cloth-

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ing of midwives and physicians, and thus be transported from their sources to the chambers of lying-in women. It is also observable that the more ordinary form of disease induced by the febrific effluvia in question is typhus, and its modification typhoid fever; whilst puerperal fever and hospital erysipelas are but varieties of that disease, taking their forms from the peculiar predisposing conditions of the system, and certain epidemic influences.

Finally, in contemplating the results of our inquiries, there are two things which cannot fail to be specially suggested, and to make durable impressions on the mind. The first is, the importance of preserving in absolute purity the persons, clothing, and bedding, of the inmates, and also the floors, furniture, and atmosphere, of lying-in hospitals; and in case puerperal fever manifests itself, of adopting the most prompt and efficient means of extinguishing it—such as ablution, ventilation, fumigation, and, if necessary, dispersion of the patients. The second is, the imperative duty of physicians ever to bear in mind the danger of their becoming agents of disseminating the disease in epidemic puerperal fever seasons, and to observe every precaution against such accidents. If, indeed, there be any moral obligation resting on a medical man to his patients, paramount to every other, it is that of refraining from attending a female in labor, if there be the slightest chance of his conveying to her the germ of a mortal disease.

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17. *Stomatitis Materna.*—From a paper by Dr. J. W. Hall, of Bainbridge, Ind., in the *Cincinnati Lancet and Observer*, April, we obtain the following ideas on ulcerative inflammation of the mouth in women during the closing months of utero-gestation. It is rarely met with in particular localities, while in others it seems endemic. The affection "appears to be of an aphthous nature, and associated with a disordered system; as that of anæmia, combined with a scrofulous diathesis, dyspepsia, &c." We find it attacking the mucous membrane indifferently, and even migratory in its character. It sometimes becomes chronic.

He mentions a case, which we shall transcribe. "While suckling, the lady was attacked with a sore mouth; she had medical aid, but was not cured; the ulceration had disappeared from the mouth, and was seated in the bowels, producing a chronic diarrhœa, general emaciation, etc. At this period she came under my care, the diarrhœa was persistent, with tenesmic griping pains, the discharges consisting of the unhealthy secretions of a muco-purulent character, and sometimes tinged with blood, the operations being very frequent and small in quantity. At the same time she would be attacked with paroxysms of severe pain in the bowels, sometimes extending to the stomach and right side, which were at first irregular in their return, becoming more frequent as the disease advanced, the paroxysms ultimately recurring daily, the tongue red and smooth at the tip and edges, sometimes its whole surface pre-

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senting a red fiery appearance; the appetite voracious; pulse but little accelerated.

"In the treatment of this case, the first indication was to arrest the diarrhœa and restore the bowels to a healthy condition; to arrest the diarrhœa I relied on the mineral and vegetable astringents with opium.

℞—Plumbi acetat. gr. i–ij;
Pulv. opii gr. ss–j.—Ft. pulv.

"Or using pulv. ipecac. et opii, gr. v, for the pulv. opii; or tannin and opium, and given according to the frequency of the discharges. Enemata of starch and laudanum were also used." In order to remove the local disease from the bowels, he gave an emulsion of ol. terebinth. and copaiba, with a few drops of tr. opii.

Tonics, etc., were used to improve the general state of the system, and she gradually improved. Sometimes he found, even after a seemingly perfect restoration to health, a return of the disease. In order to expedite the cure, weaning of the child should be performed immediately.

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18. *Simple Sanguineous Cyst of the Ear in Lunatics.*—In the *Am. Journ. of Insanity*, April, we find a paper on this subject, by W. Phillimore Stiff, M. B., resident physician to the county Asylum, at Nottingham, England, from the *Brit. and For. Medico-Chirurgical Review.*

This is known in lunatic asylums as the "shrivelled ear;" and Dr. F. Bird, of the Asylum at Sieburg, first defined its connection with insanity. Dr. Stiff gives records of several cases now under his care at the Nottingham Asylum. He has "examined the ears of two hundred and forty-nine patients, and finds the cartilages more or less thickened and indurated in seventeen." It occurs most frequently in males. He offers the following account of this disease, dividing it into four stages.

"1. The stage of hyperæmia, and probably chronic arteritis, as shown by the congestion and loss of elasticity of the cartilage.

"2. The stage of effusion; an apoplectic foyer is suddenly formed, causing obliteration of the ridges and depressions of the ear.

"3. The cystic stage; in a comparatively short time absorption commences, the ridges reappear, but altered in shape.

"4. Permanent induration, complete absorption of the fluid, and occasionally atrophy of the ear."

He considers that some points in the anatomy of the external ear throw light upon the nature of the disease, viz:—

"1. In all these cases the disease was situated on the anterior surface of the pinna, and this is in consonance with the well-known vascularity of the part. On this surface the branches of the anterior and posterior

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auricular arteries ramify and anastomose. It is worthy of note that the posterior auricular artery gives off the stylomastoid, which runs a remarkable course, and terminates by anastomosing with the middle meningeal in the cavity of the cranium.

"2. The paucity of lymphatic vessels on this surface, as compared with the posterior, explains the chronic character of the cystic stage.

"3. The lobule is never affected."

He refutes the hypothesis that these "hæmatomata" are the result of a scorbutic state of the blood. They were not to be traced to any physical injury, or mechanical restraints. He concludes "that simple sanguineous cyst of the ear is the result of a true hemorrhage consequent upon impaired texture of the coats and laceration of the small blood-vessels of the perichondrium, and produced by causes analogous to those that excite cerebral apoplexy. The duration of the disease seems to depend upon the extent of the cartilage affected, and the size of the cyst. It tends towards spontaneous cure. The sense of hearing is not necessarily affected. Local applications are superfluous. It must, however, be conceded that the presence of the hæmatoma adds to the gravity of the prognosis of the mental disorder.

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19. *Insanity.*—From the *Fifteenth Ann. Report of the State Lunatic Asylum*, New York, we glean the following items on this subject:—

This institution has had under charge during this year 696 patients, of whom 360 were males, and 336 females. Discharged as perfectly recovered 95; improved 25; died 32.

Of 235 patients, 75 were housekeepers; next come farmers 43; physicians 5. Of the causes of insanity, we find 33 resulted from bad habits, as intemperance, etc., 48; ill health 42; trouble and hard labor 54. The period during which they remained under treatment ranged from three months to five years. In twelve months, and very often less, the grand majority were cured, or so much improved as to be discharged.

In 95 cases discharged, recovered, acute mania was present in 42; dementia 22; melancholia 11. By constantly furnishing the patients with employment they are prevented from dwelling on their troubles or fancies, and thus a healthy tone is imparted to the mind.

This institution has met with a great misfortune in the destruction by fire of the barn and a large portion of the main building, during which two gentlemen were killed while aiding in suppressing the flames.

In the course of a few years, the many asylums of this class scattered over our land have done an immense amount of good. Many are now perfectly restored, who, under the former regimen, would have fretted out their lives in chains.

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(*c.*) PHYSIOLOGICAL.

1. *On the Functions of the Thyroid Body.* (*Am. Journ. Dental Science.*)—Dr. Peter Martyn has communicated to the Royal Society some very ingenious speculations as to the use of this remarkable body. He first calls attention to the necessity of rigidity in all round instruments. This is accomplished, he thinks, by the thyroid gland, which, being pressed upon by the muscles, during the act of speaking, becomes gorged with blood, and presses upon the larynx, rendering it tense. Furthermore, he believes this so-called gland acts as a loader. In musical instruments, loaders are used to render the vibrations slower and longer, and the tone in consequence fuller, louder, and deeper. They thus give to the voicing part of a small instrument the power and quality of a large one. The human organ of voice is only three inches long, and yet it has the same power as, and better quality of tone than, the instrument which more nearly approaches it—the French horn, which is nine feet, or the vox humana pipe of a moderate sized organ, which is from four to eight feet long. This economy of size in the human organ has always been wondered at, but never, that I know, explained. Finally, the author believes that by the varying shape, bulk, density and pressure of this body, it aids materially in producing the qualities of modulation and expression belonging to the human voice.

(*d.*) TOXICOLOGICAL.

1. *Recovery after Large Doses of Opium.*—Dr. McNulty read a paper before the Academy of Medicine of New York, in which he mentions some remarkable cases where opium was taken with suicidal intent in enormous doses, and yet the patients recovered. He mentions one case where a woman took ℥j of laudanum. She was seen five hours after with all the characteristics of narcotism, and yet, under the influence of emetic doses of sulph. zinc, strong coffee, exercise, &c., she recovered.

Another case was that of a child, æt. 9 months, to whom, by a mistake in the prescription, was given ♏ xvj; and the father, being over anxious, gave this dose every half hour.

It had taken four such doses before danger was thought of, yet external stimulation being kept up for some hours, the child recovered.

A man took ℥ij in half a pint of alcohol. All the symptoms of narcotism were well marked. The stomach pump, exercise, coffee and stimulants, succeeded in producing a complete recovery.

A man after dissipating for some time, took twenty-five grains of

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morphia, which was ascertained to be pure, yet he did not show even the signs of narcotism, and no treatment was demanded. [May it not have been from the fact of his having for some weeks previous been under the effects of the excessive use of alcoholic drinks, and thus it acted merely as a preventive of delirium tremens, as we see in the treatment of this disease?—ED. M. AND S. REP.]

Several other cases are mentioned, in one of which a lady while partially deranged, took ℥vj of laudanum, slept fourteen hours, and under treatment as above, recovered.

These cases cause Dr. McN. to ask if we have not somewhat overestimated the poisoning power of opium.

MEDICAL SOCIETIES AND HOSPITAL REPORTS.

ART. VI.—*Bellevue Hospital*, New York. Reported by SAMUEL R. FORMAN, M. D.

MARCH.

DURING the past month several changes have occurred, which have added much to the interest always presented in an institution of this kind. The destruction of the Island Hospital by fire has turned hither a large class of interesting, and now but too common, diseases. Heretofore the only cases of primary syphilis we met in practice here were incidental; now we receive a large number. This, together with the recent change in the weather, has increased the number of inmates to about one thousand. There is still room, however, for nearly two hundred more.

Within the past two weeks there have been admitted upwards of forty cases of acute and subacute rheumatism. The treatment pursued is that which is usual here, for in every hospital, though yearly changes in resident physicians will prevent routine practice, there comes to be a settled plan with regard to most diseases; generally Rochelle salts, or some other alkali, is administered in combination with colchicum and opium, with alkaline and anodyne washes locally. In cases complicated with pericarditis, wet cups or leeches locally, followed at the proper time by blisters dressed with mercurial ointments, and calomel and opium internally, or the calomel, digitalis, and squill pill. In two recent cases, veratrum viride as an adjuvant was tried, but neither of the specimens exhibited, exerted any sedative influence. In both, vomiting was produced without any reduction in the frequency of the pulse.

In the lying-in department, there were thirty-nine deliveries during

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February. In the earlier part of the month, puerperal fever prevailed to such an extent, there being ten cases, two of them fatal, that it was thought necessary to change the ward; since which time the disease has not appeared, though there was necessarily some intercommunication between the old and new wards. Several interesting cases occurred; among them one of puerperal convulsions, of which I give a sketch. Dr. Elliot visiting physician:—

Mary C——, a stout, plethoric Irish woman of 24, primipara, was taken with labor pains early in the morning of the 15th. She had four violent convulsions before 9 A. M., at which time she was bled ℥viij from the arm; pulse fell from 116 to 80; os uteri dilatable; chloroform was given freely on premonitions of convulsions, nevertheless a fifth one followed in 15 minutes. She was delivered unconsciously of a living child at 10.15; at 10.30 a sixth convulsion; purgatives were given, and as the urine was found to be highly albuminous, four wet cups were ordered over each kidney; chloroform was administered about every half hour, so that she was nearly all the while under its influence; a 7th convulsion at 1 P. M.; 8th, at 2; 9th, at 4; 10th, at 4.10; 11th, at 4.27; 12th, at 4.40; 13th, at 5.20; 14th, at 6.50; all lasting less than a minute; pulse ranging from 80 to 100; pupils variable; convulsions violent, general, epileptiform; a 15th, at 7 P. M.; 16th, at 7.20; in a few seconds a 17th; pulse now 126, resp. 26. Chloroform continued still, so as to keep her constantly under its influence; bowels moved freely; four wet cups were applied to back of neck over medulla oblongata at 9½, which gave manifest improvement, and so much relief, that she fell into a natural sleep which lasted till 11; when awakened by noise, she was immediately convulsed. The next day the same tendency to convulsions being apparent, she was kept under chloroform all day; she became conscious for a few minutes about noon; pulse varying from 100 to 120; bowels free; urine still highly albuminous, containing some epithelial casts from kidney. Chloroform was gradually withheld, and on the 17th she took none; pulse 108; she was dull and stupid, but by degrees regained in about four days her natural intelligence. She had no recollection of what had passed since her first convulsion. She had a rapid convalescence without any unusual symptoms. Her urine gradually became free from its albumen. Over 1¼ lbs. of chloroform were used—it being given from a towel, much the larger part was wasted.

On the 10th, Dr. Elliot delivered a primipara by forceps, after retention of the head before descent; delay caused by too great flexion. The presentation was right occipito anterior, the second stage (after

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rupture of membranes till delivery of child) was thirteen hours long; child living; mother died 49½ hours after from puerperal fever.

Another application of forceps was made in a breech presentation, for retained head. The child was dead before they could be resorted to.

In a case of rachitis, premature delivery would have been induced by the warm douche had not the danger of puerperal fever prevented. The woman was afterwards delivered after a natural labor (of which the first stage was 36½ hours), of an 8½ months' child, weighing 7½ lbs.

The only other case of special interest, was one of vomiting during the last months of pregnancy:—

"E. G——, aged 32, 9th pregnancy; previous labors natural; menstruated last in March. About the 1st of January, was seized with nausea and vomiting; at first mere biliary matter; bowels constipated; bismuth, lime-water, hydrocyanic acid, bicarbonate of soda, chloroform, and various other remedies were fruitless. Support was given by mouth, but soon she could retain nothing in her stomach. Her vomiting came on, however, at variable periods after eating, and was moderated by care in diet, but at last even milk was rejected. Support was administered by the rectum; but, as she was evidently failing fast, Dr. Elliot determined to induce premature labor. When brought to lying-in wards her pulse was 104, feeble; os uteri patulous; lips thick; head presenting; a warm douche of 1½ gallon of water was given, and repeated in 4½ hours; an ounce of champagne was administered, but immediately rejected; at 7 A. M., pulse 94; champagne, even in small doses, vomited; at 9, labor pains began; at 10½, membranes ruptured; child born at 2.45. Brandy and wine of ergot injected; vomited once between birth of child and delivery of placenta. At 4 P. M., Dr. Elliot removed the adherent placenta without hemorrhage; uterus contracted well; milk given; vomiting again at 5; growing feeble; give a hot air bath; died at 12¼ A. M.; child died four minutes previously. Autopsy 30 hours after death: mucous membrane of stomach of a greenish yellow tinge, somewhat mammillated; no marked softening, except in greater curvature; no traces of inflammation; liver normal in size and color, but generally and markedly softened; posterior and inferior surfaces of semifluid and pultaceous consistence, so soft as to be almost diffluent; no unusual amount of fat in the hepatic cells; some were partially disintegrated; free granular matter was abundant; uterine tissue easily lacerated; no other pathological appearances were presented."

The surgical divisions have also presented a large number of interesting cases. Among the operations have been two amputations of the thigh; one of the leg; two of the breast; castration, and an operation for strangulated femoral hernia. Five of these were performed by Dr.

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Wood, and two by Dr. Willard Parker. They were all witnessed by a large class of students.

APRIL.

Change of season, while it removes from us many chronic cases, brings in more than usual of acute disease. The past month has been especially productive of inflammatory affections of the chest. Of these, pneumonia ranks first in number and importance. The plan of treatment usually pursued is, locally, dry cups, twenty to forty—wet ones being almost always contraindicated here by the constitution and habits of the patient or by the stage of the disease (after the fourth or fifth day). After the cups, a warm *oiled silk jacket* is put on next the skin, and over that a flannel one; these, in connection with other remedies, act as a most efficient diaphoretic. Internally, when the patient will bear it, a sixteenth to an eighth of a grain of tartar emetic is given every hour, or instead of it a grain of ipecac. every hour or two. If patient is restless at night a few grains of Dover's powder are administered. If there is a tendency to a typhoid condition, turpentine frictions to the chest, and milk punch and brandy are employed. Under this plan of treatment the inflammation generally begins to resolve by the eighth or tenth day. The diet is usually beef-tea, eggs, farina, &c.

In the obstetrical department but few cases of interest occurred. The first was a case of placental apoplexy, where the clot and placenta together were so large as to lead to the supposition, after the fœtus was delivered, that there was a second child, the placenta weighing nearly two and a half pounds, and the clot nearly as much. The fœtus had been dead about two weeks. A similar accident happened to the woman four years previously.

The next case of unnatural labor was one of ruptured uterus, which I take from notes by Dr. McEwen, who conducted it.

Mary H——, a native of Ireland, aged 23, a stout plethoric woman, taken with labor pains at 5 P. M., March 17th. Pain mild till 11 P. M. The os at this time about the size of a half dollar, and dilatable; head presenting in left occipito anterior position; fœtal heart in left iliac region; general condition good; pains increased in severity for an hour, when the membranes ruptured; pulse 84, full and strong; she was, however, very restless, and seemed in great pain. By 1 A. M. head had reached inferior strait, rotation incomplete; it rested there, the patient becoming worse; pulse running up; expression anxious. By 3½ pain was agonizing, she screaming and rubbing her abdomen; extreme tenderness; pulse 120, small and feeble; face haggard. It was decided to wait no longer, but deliver artificially. The forceps were

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then applied by Dr. McEwen; fœtal heart inaudible; child was delivered dead. On examination a rupture of the anterior wall of the uterus was discovered. Fifteen grains of ergot and two of opium were given. At 7½, pulse 132; respiration 56; abdomen becoming tympanitic; morphine was administered in gradually increased doses, till two grains per hour were given; brandy freely; but little relief being afforded, and her agony being intense, she was kept slightly under the influence of chloroform till 3 P. M., when she died. Autopsy 28 hours after death. *Abdominal cavity.*—About twenty ounces bloody serum; loose clots; intense general peritoneal injection. *Uterus.*—Firmly contracted; on the anterior wall, just above the vagina, was a transverse laceration about four and a half inches long; under the microscope, slight fatty degeneration of the tissue in that part was observed. *Pelvis.*—Promontory of sacrum sharp and prominent; antero-posterior diameter of superior strait three and a half inches; linea ileo-pectinea presented a very sharp edge.

The only other case of operative midwifery was one in which the forceps were applied by Dr. Burrall, for delay caused by uterine inertia. The woman died of puerperal fever four days after.

In the surgical divisions of the hospital there have been as elsewhere many cases of erysipelas, nearly all of which recovered rapidly under the use of tonics (especially tincture of the muriate of iron and quinine) and stimulants. The chief operations have been a reduction of a dislocation of the head of the femur into the sciatic notch by manipulation, performed by Dr. Parker; an amputation of the foot at the ankle-joint (Syme's method), for a comminuted fracture of the os calcis; owing to the injured condition of the main artery, part of the flap sloughed so that amputation became necessary. Dr. Parker remarked that he thought that in operations in contiguity there was much less shock than followed those in continuity. Dr. Smith operated three times, once trephining, once amputating, and once removing a recurrent fibroid tumor from the neck. There were also three operations for vesico-vaginal fistula.

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REVIEWS AND BIBLIOGRAPHICAL NOTICES.

ART. VII.—*The Principles and Practice of Obstetrics, including the Treatment of Chronic Inflammation of the Uterus, considered as a Frequent Cause of Abortion.* By HENRY MILLER, M. D., Prof. of Obstetric Medicine in the Medical Department of the University of Louisville, Ky. With illustrations on wood. Pp. 624. Philadelphia: Blanchard & Lea, 1858.

THE first edition of this work was published several years since, and a new one has been long in demand. The work before us consists of sixteen chapters. The *first* and *second* treat of the anatomy and physiology of the pelvis and sexual organs of the female; the *third* treats of the clinical exploration of the female sexual organs; the *fourth* of pregnancy; the *fifth* of abortion; the *sixth* of the flooding of advanced pregnancy and incipient parturition; the *seventh*, *eighth*, and *ninth* chapters treat of the causes, phenomena, and diagnosis and prognosis of labor; the remaining seven being devoted to the ordinary and special treatment of the several stages of labor.

In the first four chapters, comprising the elementary part of a work on obstetrics, the author informs us that he has drawn largely, especially in the anatomical description of the pelvis and of the organs of generation, from the work of Prof. Paul-Antoine Dubois, now in course of publication. This portion of the work is admirably illustrated. In the clinical exploration of the female sexual organs, our author gives due prominence to Simpson's uterine sound, and to specular examination, both immediate and mediate, in other words, ocular inspection; immediate as respects the external organs, or mediate by means of the speculum uteri as respects the more internal ones.

As Dr. Miller is an enthusiastic advocate of the speculum, we give his mode of conducting the specular examination in full; and if, at first view, his directions would seem to be offensive to female modesty, we respectfully submit that the modes of clinical examination of females in diseases of the sexual organs have not advanced in an equal ratio with the public display of certain articles of feminine apparel which were at one time thought to belong too exclusively to the person of a woman to be submitted to the gaze even of her own family circle, much less of the public. An age which obstructs our sidewalks with "skeleton skirts," and "hooped petticoats," and tolerates such a display of under garments as is made by our ladies when promenading, has no right to

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speak lightly of modes of clinical examination which are absolutely necessary for an intelligent treatment of many of the diseases which render life miserable to the frailest (physically speaking) part of humanity. Men who do not have these sufferings to endure are not competent to judge in this matter; nor are those women who are fortunately exempt from such harrowing torture. Only the *true* physician, however, can be trusted on occasions of such transcendent importance.

The patient should lie with hips as near the edge of the bed as she conveniently can, with the inferior extremities flexed, and the feet resting on the bed; not on stools or chairs, as some will have it. A counterpane or sheet, thrown over the lap and reaching down to the bed, completes all the preliminary arrangements.

The practitioner first makes a tactual examination, which, if it be for the first time, ought to be thorough; otherwise it may be slight, and is chiefly intended to learn the position of the os uteri. The visual examination follows, and ought to be both immediate and mediate; immediate for the vulva, and mediate for the vagina and uterus. For mediate vision, the *speculum uteri* is employed—an instrument that has been variously modified and made of divers materials; but those which I am accustomed to use are, the four-bladed speculum, made of German silver, which can be converted into a bivalve by detaching two of its blades, and, silver tubes of different sizes. A slight peculiarity in my tubular specula will be presently explained.

The tactual examination being completed, the forefinger of the right hand is withdrawn, and that of the left hand inserted a short distance in the vagina. This may be pressed pretty firmly upon the right side of the vagina, and slowly retracted to the vaginal orifice, where it is to be firmly held against the inner face of the right labium; the point of the second finger is then made to press against the inner face of the left labium, to part it from its fellow. The vulva is thus opened, and its several parts can be rapidly inspected, previous to the introduction of the speculum. To gain this access to the vulva, the left forearm pushes the sheet or counterpane between the knees of the patient, so that its dependent border is just above the vulva, whilst the inner surfaces of the thighs are covered by it. In this way, there is no exposure, except of the part that must needs be exposed, else no ocular examination can be made. Whilst the labia are thus held apart, the speculum, previously oiled, is to be inserted into the vaginal orifice and passed up at once to the os uteri, the locality of which has just been ascertained by the digital examination. If the bivalve speculum be used, the vaginal surface can be examined between the blades, and by revolving it, the whole surface may be brought successively and longitudinally under the view; if, on the contrary, the tube be used, by slowly retracting it, we get a view of it circularly, as portion after portion of it recedes from the speculum. I hardly know whether the bladed or the tube speculum is best; or whether, indeed, either ought to be dogmatically preferred to the other. I use them both indifferently, and could, perhaps, if questioned, give no better reason why I am now found mostly using the one, but because I am tired of the other. Still, there

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are cases in which one answers better than the other, but it is difficult to designate them otherwise than by saying that in some the vagina crowds in between the blades of the bivalve or even of the quadrivalve, so as to intercept the view of the os uteri, and then the tube answers best; in others, the os uteri is so high up and so far backwards that it cannot be reached by the tube, but may be brought forwards by the bladed speculum.

Many writers, and among them Prof. Simpson, are particular to direct that the speculum should be introduced under cover, and with the aid of the touch alone, and some of them think that it is more decent and less offensive to female modesty, if the patient be placed upon her left side rather than the back. I used to be of this way of thinking, but my thoughts have changed, for after all, the genital organs, including the vulva, must be seen; and if they are not seen *sursum* they must be seen *deorsum*, so that it is only a sham to take these delicate precautions. Genuine modesty consists in scrupulously protecting our patients against unnecessary exposure; all beyond this is counterfeit.

As our author lays considerable stress on the importance and frequency of ulceration of the os uteri, we present his definition of the term in his own words:—

What is ulceration? "A solution of continuity in the soft parts, of longer or shorter standing, accompanied by a purulent discharge, and kept up by some local disease, or constitutional cause." Such is the definition given in *Dunglison's Dictionary*, in which all must acquiesce. Now, on certain points of the genital mucous membrane, where evidently inflammation runs highest, there is a destruction of the epithelium, plainly the result of inflammatory action, and the surface, thus denuded, secretes pus abundantly, and will continue to secrete it until the phlogosis subsides, and the raw surface is again provided with an epithelial covering. The loss of substance seldom extends deeper than the epithelium, and the solution of continuity is, therefore, quite superficial, but it is not the less real; and surely the definition of ulceration is as completely fulfilled by a line as by an inch or a foot. Hence, the unreasonableness of those who insist on calling such ulcerations "abrasions," or "excoriations," on account of their superficialness. If, in so doing, they desire to sink the pathological importance of these ulcerations, nothing is gained, for they cannot regard them as more insignificant than do the more intelligent of those who have written most concerning them, who all consider them the products—the sequelæ of inflammation, and not the primary or essential disease.

It was, as I have shown in another work,[1] by setting up this man of straw, *ulceration of the os uteri*, and demolishing it with a great flourish, that Dr. Charles West attempted, in his *Croonian Lectures*, to decry the speculum; all in vain, however, for even could the ghost be killed off, the substratum, inflammation, remains, and is not so easily vanquished.

Dr. Miller regards abortion as a frequent cause of ulceration and

[1] Lectures in reply to Dr. West.

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chronic inflammation of the os and cervix uteri. He says: "That these parts would be likely to suffer from abortion, is no more than might, *à priori*, be expected, considering their organic condition at the time, and the amount of force that is required to overcome their resistance. Forced to dilate at a time when there is but little dilatability, lesion of structure is the not unfrequent consequence; which, though it may be slight, is sufficient to set up inflammation, which is all the more disposed to spread and take deep root on account of the travail so recently encountered."

The form of uterine speculum and sound recommended by Dr. Miller is described as follows:—

The speculum differs from the common tube, in having its extremities beveled in opposite directions, so as to shorten one of its sides, which is turned towards the pubes in its introduction—a form of tube speculum, I may remark, superior to that in common use, in all cases, because it admits more light, and gives easier access to the os uteri. The shortness of its pubic side permits the ready introduction of the sound through it, which is then passed into the uterine cavity by the aid of sight. The sound itself differs somewhat from Prof. Simpson's, being rather shorter, and having a handle like a catheter, to render it more portable. Instead of being graduated, it has only a double knob at the distance of three inches from its point, that serves as a landmark, from which we may estimate, near enough for practical uses, the depth of its penetration.

In this connection Dr. Miller speaks incidentally of the value of the speculum in revealing *a new visible sign of pregnancy* to which attention has been called by Mr. Whitehead, of Manchester, viz: the change of the shape of the orifice of the womb from the *linear form* in the unimpregnated uterus, to first, an apparent sinking in or dimpling of the os; then, in the fourth week, its partially patulent condition, being now an *elliptical* or *rounded* aperture, occupied by a deposition of gelatinous mucus. Then, at the sixth or eighth week the os becomes decidedly *oval* or *irregularly circular*, with a *puckered* or *indented* boundary, having a relaxed and lobulated character. This sign of pregnancy revealed by the speculum is important on account of its early development.

But we must pass over, for want of space, much that it would be very interesting to notice, and look briefly into the subjects of *abortion* and *flooding*. And first, our author apologizes for introducing the consideration of the topical treatment of inflammatory affections of the uterus, and displacements of the organ, into a work on obstetrics, on the ground that he is desirous of giving the results of his observation and experience in these important classes of sexual maladies of women,

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while he does not contemplate publishing a separate work on the diseases of females.

Abortion Dr. Miller regards as the "great disease of pregnancy, inasmuch as it destroys the fruit of the womb, and blasts the hopes that were excited by its blossom." In opposition to the view of Prof. Meigs, who teaches that in abortion the hemorrhage comes from the placental superficies of the womb, and always implies detachment, to a greater or less extent, of the placenta from the internal surface of the uterus, Dr. Miller holds that it flows chiefly from the decidual vessels, probably from both layers of the decidua, and may issue from any point of the ovum or internal surface of the uterus, while in parturition it flows exclusively from that portion of the uterus to which the placenta was attached, proceeding from the ruptured utero-placental vessels.

In explanation of the prolonged adhesion of the placenta in abortions, Dr. Miller mentions a cause which he thinks has been entirely overlooked by authors, viz: *the firm adhesion of the decidua to the inner surface of the uterus.* "The decidua being nothing less than the mucous coat of the uterus in process of preparation for ejection at the term of pregnancy, its connection with the subjacent coat is too strong to admit of easy dissolution, and may be so intimate as to require long-continued efforts for its severance."

Of the *causes* of abortion, our author regards a diseased state of the uterus itself as the most prolific. "In very many instances of abortion, and especially of abortion frequently recurring in the same individual, it has been found that the uterus is in a diseased state, in whole or in part; and, when a portion only is affected, it is the cervix more often than the body. As to the particular disease itself, it is inflammation of the uterine mucous membrane, which may invade also the parenchyma of the organ."

Dr. Miller is supported in this view of the cause of abortions in part by Dr. Henry Bennett, of London, and more fully by Mr. Whitehead, of Manchester, England. He combats, and we think with a good show of reason, the abstract idea of "irritable uterus," as a frequent cause of abortions, as seemingly, at least, taught by the distinguished professors of midwifery in the two principal medical colleges of this city—Drs. Meigs and Hodge. If there is irritability of the uterus there must be *a cause* for it appreciable to the senses, and that cause, according to Dr. M., lies in organic changes in the condition of the mucous membrane of the parts. We have ulceration at the mouth of the womb and inflammation of the neck, and then, often, as a consequence, the "irritable uterus," a true *endo-uteritis.*

We now come to the subject of *treatment* of abortion. Without in-

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tending to follow our author in all his details of the treatment, we wish to present an outline of his principal views on the subject. He divides the treatment into 1, the *resistive;* 2, the *palliative*, and 3, the *prophylactic*. Our author offers nothing new under the first head, though he protests against such heroic ideas of bloodletting as an element of the resistive treatment as were inculcated by Dr. Dewees, and which were so long blindly acquiesced in by the profession.

It becoming necessary to abandon the attempt to preserve the ovum, the palliative treatment calls for the exhibition of such agents as will tend to excite uterine contraction—such as ergot, brisk cathartics, gentle exercise, &c. To control alarming hemorrhage, the tampon is recommended. The Doctor takes occasion to animadvert on the loose notions of the tampon which obtain with some practitioners, who seem to think that a bit of sponge or lint inserted into the vagina is all that is needed. He recommends *cotton batting* (clean raw cotton), a double handful of which is to be rolled into a cylinder, eight or ten inches long, and as large as can be conveniently introduced. This should be crowded up till the vagina is filled to moderate distension from its superior to its inferior extremity. The tampon acts not only as a hæmostatic, but as an oxytocic, not unfrequently exciting the uterus, by the irritation it produces, to increased energy, expelling both tampon and ovum. When tolerated, the tampon should be removed about once in twenty-four hours, and replaced by another.

In cases requiring manual assistance in the removal of the secundines, our author prefers "fingers before forks," and consequently does not recommend Dewees' hook, or any other instrument than the fingers. He cites a deplorable case which came under his observation in which the fundus of the uterus was transfixed by a practitioner "not unskilled in obstetricy," who fished out of the os uteri a portion of the intestines, supposing he had the placenta! The patient died in a few days of strangulated hernia.

The most important part of the treatment is the *prophylactic*, which consists in the *cure of the uterine disease*, which, in by far the majority of the cases, is the true cause of it. And here, the local treatment, consisting of the application of remedies directly to the uterus by means of the speculum, is of far more consequence than the constitutional. This mode of treatment may be safely resorted to even during pregnancy, provided the disease is confined to the vaginal portion of the neck. According to Dr. Miller, "the keystone of the treatment of the inflammatory and ulcerative affections of the cervix is the application to the diseased part itself of certain agents reputed caustics." Our author usually begins the treatment with local depletion by means of

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leeches or scarification. We copy the following on the subject of cauterization of the os uteri :—

Cauterization is a comprehensive term, embracing a considerable variety of articles, which are brought to bear directly upon the inflamed and ulcerated cervix uteri through the speculum, of which the principal are, the *nitrate of silver*, *creasote*, *iodine*, the *acid nitrate of mercury*, *caustic potash*, and the *potassa cum calce*. It is not without design that I have placed the nitrate of silver at the head of the list, because the range of its application is greatest, and it is by far the most useful. In the majority of cases, indeed, I do not myself make any other specular application or find any other needful, and the form in which I employ it is the stick, taking care to procure a pure article. The cervix being embraced and fully exposed by the introduction of a proper-sized speculum, and the mucus or muco-pus being wiped from its external surface and also from the internal, if the disease extends into its cavity, there is no difficulty in conveying the solid nitrate to it with a porte-caustic (which may be a goose-quill for want of a better), and in passing it over the whole of the diseased surface, until a whitish pellicle is formed upon it. If it be necessary to cauterize the cervical canal, the stick of nitrate of silver ought to be an inch long, or a saturated solution of it, made extemporaneously by lightly drawing it over a strip of wet lint, may be substituted. The medicated lint may be pushed into the cervical cavity with a probe, and allowed to remain a minute or so, taking the precaution not to introduce the whole of it, in order that it may be more readily retracted by the speculum forceps.

The application of the nitrate of silver to the cervix does not generally cause much pain, but the patient usually complains, for a day or two, of aching and soreness in the uterine region, and some aggravation of the pains, which are symptomatic of the disease under which she is laboring. It is not at all unusual for slight hemorrhage to follow the application, and the leucorrhœal discharge is always increased for the next three or four days, both of which may be regarded as favorable. One of the most common errors which I have noted is, the too great frequency of these applications; patients have often come under my care who had been treated by other physicians, and they have assured me that they had been cauterized, some every day, and others every second or third day. When the treatment is thus hotly pursued, it is evident that sufficient time is not allowed for the effects of one application to subside before another follows, and so a degree of irritation is kept up perpetually, which is preventive of a return of the parts to their normal condition. The nitrate of silver ought not, in my opinion, to be applied oftener than once a week, or once in every ten or twelve days, and when it has been kept up at this rate until six or eight applications have been made, or until there is perceptible improvement, it is sometimes judicious to suspend its use in order to see whether the disease will not wholly disappear under milder remedies.

The existence of pregnancy demands some precautions in the use of the nitrate of silver and other topical applications; at least, I have been led by my own observation to doubt the safety of cauterizing the internal surface of the cervix to any considerable depth, for it has appeared

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to me that expulsive contractions are more liable to be excited than when cauterization is limited to the external surface.

In respect to the *modus operandi* of nitrate of silver, topically applied, a diversity of opinion exists, and, perhaps, it is not after all very clearly comprehended. We are accustomed to speak of it as a caustic, but, if it deserves to be so considered, it is only in a qualified sense. Certainly it does not destroy the vitality of the part deeply, like caustic potash, and produce an eschar, whose detachment by an inflammatory process leaves an excavated ulcer to be healed by granulation. Nitrate of silver cannot be so applied, no matter how long it is held in contact with the mucous tissue, as to be followed by any such consequences as these. I feel warranted in making this unqualified assertion, for it has more than once happened to me, in cauterizing the interior of the cervix, that the stick of nitrate of silver has broken, and half an inch to an inch of it has been incarcerated in the cervical cavity. When this accident occurs, it is not always possible to extract the fragment on account of the contraction of the orifice excited by the nitrate, and I have been compelled to let it remain. More severe pain and much more hemorrhage are apt to ensue than from ordinary cauterization, but I have never, on the closest inspection made a few days subsequently, satisfied myself that there was any loss of substance, and, in a week or ten days, the appearances are the same as though the part had been but lightly touched.

I conclude, therefore, that if nitrate of silver be a caustic at all, it is a very superficial one, and that it cannot be made to burn deeply. How, then, does it act, so as to exert its acknowledged control over the inflammatory and ulcerative processes? Perhaps the candid reply to this query is, we do not know, we know only the ultimate effects, and this knowledge is altogether empirical. I have, nevertheless, formed certain conceptions which I may be pardoned for emitting. The first and most conspicuous action of nitrate of silver is, I conceive, that of *a peculiar and most powerful astringent*, instantaneously condensing the tissue to which it is applied in the greatest degree compatible with its vitality. This astringent action is, as it appears to me, extended to a greater depth than the tissue to which the application is made, so that all the anatomical elements of the cervix are brought under its influence, the immediate effects of which are contraction of the capillary vessels, and likewise of the muscular fibres, diminishing the congestion and increasing the tonicity of the tissues. Its secondary action resembles that of cantharides more than that of a pure caustic; it does not, it is true, produce vesication—for the exceedingly delicate structure of the epithelium compared with the epidermis does not admit of this—but it excites an increased secretion of the part, which changes from serous to muco-serous and muco-purulent. The mucous surface, under its influence, may be conceived to be in a similar condition to the skin blistered by cantharides but protected by the unbroken cuticle, as the mucous surface is protected by a pellicle of coagulated albumen; the condition is one of benign inflammation, which is relieved by the increased secretion, and is remedial in its tendency. According to this view, the nitrate of silver, applied to the genital mucous membrane, may subdue its inflammation by an action analogous to that of cantharides applied to the skin to arrest erysipelatous inflammation.

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We will not follow our author in the discussion of the more potent and mild caustic applications, as they are little used, comparatively, with the nitrate of silver. Nor will we occupy space with comment on the subject of intra-vaginal injections.

A discussion of the treatment of *endo-uteritis* gives our author occasion to remark as follows concerning intra-uterine cauterization, premising that instead of throwing into the womb a caustic solution, he dips strips of lint into a saturated solution of nitrate of silver, and applies it by means of a "fluid porte-caustic."

I have cauterized the cavity of the uterus a great many times, not only with the nitrate of silver, but also with creasote, sulphate of copper, tincture of iodine, and even with the acid nitrate of mercury, without any more pain than attends cauterization of the cervix, and without any evil consequences whatever. My own multiplied clinical observations compel me to dissent from the prevalent, if not universal, opinion that the cavity of the body of the uterus is a sanctum, which is much more sensitive than the neck, and will not brook any form of therapeutic approach—an opinion with which even Dr. Bennett is strongly imbued. I say again that I have not found it so; but, on the contrary, I treat the cavity of the body topically as familiarly and with as little apprehension as I do that of the neck. It will be esteemed paradoxical that a cavity which will not bear the injection of a solution of the nitrate of silver, of the strength of two grains to the ounce of water, will, nevertheless, bear to be cauterized with a saturated solution after my method —and so it doubtless is; it does not, however, concern me to explain paradoxes but only to avouch facts, which can be confirmed or refuted by others. The paradox in this instance will, I suspect, find its solution in the peculiar anatomical circumstances of the uterus, in the fact of its being the medium of opening a communication with a great serous cavity, that of the peritoneum, through the Fallopian tubes—the only example in the whole animal economy of a serous cavity communicating with another lined by a different kind of membrane. Through these apertures it is not unreasonable to believe that fluids injected into the uterus may find their way and excite peritoneal irritation or inflammation. It is true that the experiments of Vidal, already referred to, appear to negative this supposition; but these experiments, it must be remembered, were performed on the *dead* body, and the inferences deduced from them may, therefore, be wholly inapplicable to the living, in which vital motions may convey even the smallest quantity of fluid far beyond the point to which it is artificially projected. But whether a drop of the fluid of intra-uterine injections can penetrate through the Fallopian orifices or not, the fact remains that this kind of topical medication is pregnant with danger, whilst that which I have recommended is innocuous.

The safety of intra-uterine cauterization being established, we are concerned to inquire into its therapeutic value, and I have no hesitation in affirming that it is as efficacious in subduing inflammation, in its various grades, here as elsewhere. In scores of cases, where it had

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either been overlooked by others or deemed inaccessible, I have been enabled successfully to combat it chiefly by local treatment.

The ulterior results of the topical treatment of endo-uteritis have appeared to me to be as satisfactory as those usually obtained in cases of inflammation of the os and cervix uteri.

Dr. Miller is no friend to pessaries. He prefers repeated replacement of the uterus by means of the sound, if necessary, followed by the cauterization of its cavity, while the organ is *in situ*. This plan of treatment (which Dr. Miller regards as his own) he has obtained more satisfactory results from, than from all other methods which he had previously tried. After cauterization, under these circumstances, the disposition in the uterus to revert is not so strong, owing (Dr. M. supposes) "to the constringing effect of the caustic upon all the tissues of the organ, and thus tonicity (a vital property) is invoked to perform what has been hitherto attempted by mechanical powers."

But we have already occupied so much space that we must forego a particular notice of other portions of the book. The extended quotations we have made will give our readers a good idea of the author's style. We consider the work an exceedingly valuable addition to our medical literature. The author is evidently a man who has an opinion of his own, and is not afraid to give it, or incapable of supporting it by logical argument. The book deserves, and we have no doubt it will receive, an extended patronage. On another occasion (perhaps in our next number), we purpose giving our readers the views of the author on the subject of uterine hemorrhage in parturition, and the best mode of procedure in arresting it.

ART. VIII.—*Institutes of Medicine.* By M. PAINE, M. D., Prof. of the Institutes of Medicine, &c., in the University of New York, &c. &c. New York: Harper & Bros., 1858. Pp. 1095.

ON the first glance at this volume, we are impressed with the idea of anything but a medical publication. Marble edges and gilt cover are not exactly in good taste as the dress for a work of this purport. The paper on which it is printed is poor, both in quality and color, and typographical errors are frequent. We do not think Harper & Brothers have done justice to Dr. Paine in getting out his work in this style.

Apart from this, we are much pleased with the manner in which Dr. P. has prepared for his readers. He gives us two very copious Indexes, an Appendix, and we find throughout the work constant references from

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page to page, to facilitate the task of the student in acquiring a complete knowledge of every subject. Finally, as a postscript, he details in full what he claims as his own, and we think we cannot do better than lay his claims before our readers. He asserts his claim of originality to

"1. All that is relative, in principles, to *reflex action of the nervous system* in pathology and therapeutics, including the application of antecedent experiments to determine the 'laws of sympathy' and of the 'vital functions,' as they respect the natural conditions, to all the great problems in those branches of medicine, so far as the nervous influence is involved as a modifying cause; and a systematic *generalization* of the whole subject.

"2. The doctrine of *modification of the nervous power* by the causes which bring it into action, and according to the nature of each cause, whether mental or physical, remedial or morbific, external or internal, and through which its *alterative* influences are exerted in conformity with its various modifications, respectively—regarding, therefore, the nervous power as a *vital alterative agent*, and susceptible of an endless variety of changes in *kind* from the influence of exciting causes, being thus rendered, in its extremes of change, either a vital *stimulant* or *sedative*, exerting *alterative* effects, with corresponding results on both the solids and fluids.—The application of this philosophy equally to the cure and production of diseases in all their gradations.

"3. The doctrine and demonstration of the operation of *remedial agents* and *morbific causes* by *reflex action of the nervous system*, as, also, through the foregoing *modification* of the nervous power, and all that is relative to the same action in pathology and therapeutics.

"4. A distinct exposition of the *modus operandi* of *counter-irritants* through *reflex action of the nervous system*, and their associate *local influences*—exemplifying, also, by these agents, the *modus operandi* of all other agents applied to the skin, &c.

"5. A distinct exposition of the *modus operandi* of the *seton* through *reflex nervous action* and *local organic influences*, &c.

"6. Operation of *anæsthetics* through *reflex nervous action*.

"7. Distinction between the agencies of *reflex nervous action* in the *modus operandi* of remedies, &c.

"8. All in this work on the *influences* and *modus operandi* of LOSS OF BLOOD, &c.

"9. Law of ADAPTATION operating through *reflex nervous action*.

"10. Philosophy of the natural operation of the *will and mental emotions* through *the direct* development and action of the *nervous power*, and its effects as an *alterative* agent when the latter operates in the cure or production of disease.

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"11. Demonstration of the *direct* development and propagation of the *nervous power* as an *alterative agent*, or a simple *stimulant* or *depressant*, in diseases of the nervous centres, &c.

"12. All relative to peculiarities of *structure* in its vital constitution in different parts, and their important bearings upon physiological, pathological, and therapeutical doctrines, as it relates to the direct action of remedial and morbific causes, and their operation through *reflex action of the nervous system.*

"13. The proof and reasoning embraced in these institutes, and in the *Medical and Physiological Commentaries*, and other works, in behalf of VITAL SOLIDISM, as applied to physiology, pathology, and therapuetics, and in opposition to chemical hypotheses.

"14. Special deduction of *vital principle*, and peculiar laws of organic beings from their *composition*, &c.

"15. Special deductions from *nitrogen gas*, as contradistinguishing the organic from the inorganic kingdom.

"16. Special deduction of the principles of *vital solidism* (physiological and pathological) from the development of the incubated *egg*, and the physiology of *generation.*

"17. Analysis and elaboration of the *properties* of life.

"18. The proof of the existence and office of the *vital powers* or *vital properties*, with a disproof of the supposed identity of the *nervous power* and *galvanism*, &c.

"19. Exposition of law of vital habit.

"20. All in disproof of the chemical and physical hypotheses, as applied to physiology, &c.

"21. All in refutation of the *humoral pathology.*

"22. Demonstration of the dependence of *digestion* upon vital laws, and to the exclusion of the chemical.

"23. Demonstration of the dependence of *vegetable* and *animal heat* upon vital laws, and against the chemical hypotheses.

"24. Experiments relating to the *circulation in the brain*, &c.

"25. Demonstration of the dependence of *absorption* and *circulation* in plants, &c., upon vital laws.

"26. Much of what herein relates to the powers which circulate the blood.

"27. Distinction between inflammation and fever, &c.

"28. All relative to the philosophy of *venous congestion* and *varix*, and the proof of the dependence of *tubercle* and *scrofula* upon inflammation, and *cold* as a cause of congestion, &c.

"29. Much of the physiological bearing of organic changes incident to different periods of life upon practical medicine.

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"30. The uses and abuses of *morbid anatomy.*

"31. A generalization of the *mutability of the properties of life*, lying at the foundation of disease, and of its cure, and of many natural changes of organization at the different stages of life, &c.; also, of the doctrine of a *substitution of pathological conditions* by remedial agents, through reflex nervous action, &c.

"32. Demonstration of the operation of *astringents* upon vital principles, &c.

"33. Demonstration, &c., of tonics, &c.

"34. Attempted refutation of theoretical geology, and of *spontaneity of being.*

"35. A critical exposure of the fallacies of the medical doctrines embraced in the *writings* of P. Ch. Louis.

"36. A critical exposure of the fallacies contained in the *writings* of Liebig, so far as he has applied organic chemistry to physiology, &c.

"37. A *therapeutical arrangement of the Materia Medica* upon physiological principles, and in the order of the relative therapeutical value of the different substances, and as applied to particular forms of disease.

"38. All that is relative to the substantive existence and physiology of the SOUL, AND INSTINCTIVE PRINCIPLE.

"39. Opinion that the *will* exercises a controlling influence upon the *intestine* in defecation, and as evincing a remarkable instance of creative design."

In his preface to the fourth edition, Dr. P. says: "This work, originally published in 1847, remains without change, as the author has seen no reason to modify any of his doctrines." Such a prefatory remark would lead the reader to suppose either that there had been nothing new in physiology during the past *eleven* years, or that Dr. P. was eminently "old fogyish" in his doctrines; but, in his appendix, he does ample justice to all subsequent discoveries in physiology and chemistry. He says:—

"Whatever may have been subsequently disclosed in physiology and chemistry, is essentially in harmony with all that the author incorporated in the foundation upon which his institutes are erected, and places them beyond the probability of being much invalidated. In his discussion of organic chemistry, as applied to physiology, pathology, and therapeutics, it is evident that he could not doubt that this invasion upon medicine would prove ephemeral, and that the chemist would soon retreat into the appropriate field of nature."

He reviews very thoroughly all the evidence connected with this statement, and certainly shows good logical reasons for his views.

Under the caption, "The Rights of Authors," he gives us his views of priority of discovery, and especially descants upon the vexed ques-

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tion as to the discovery, &c., of the *excito-secretory* action. Dr. P. gives us the claims of Messrs. Hall, Campbell, and Allen, in the following order: Marshall Hall recognizes the priority of Dr. Campbell's claim, which is based upon the date, May, 1850. Dr. Allen then claims that he *first* publicly announced and illustrated this doctrine in November, 1848. Then comes our author, who claims that "*the whole of this doctrine is impressed upon the Medical and Physiological Commentaries, and upon half of the pages of these institutes, and has been always taught extensively in the author's lectures since* 1841." Now, if the rivals for the honor of this discovery cannot bring some proofs prior to this, it is quite evident that Dr. Paine must bear away the palm. We have not Dr. Paine's *Medical and Physiological Commentaries* (to which he refers very frequently throughout his work), but on reference to Dr. Campbell's essay on the "Excito-Secretory System," we find *his* claim is made as having developed and named this function in 1850 and 1853. This question, if not quashed by these proofs of Dr. P., will soon become as interminable as the *ethnological discussion.*

ART. IX.—*Plates Illustrative of Wilson on Diseases of the Skin.* Fourth edition. Philadelphia: Blanchard and Lea, 1857. Price $4 25.

OUR readers are undoubtedly already familiar with Erasmus Wilson's standard work on Diseases of the Skin, for it has long been deservedly popular with the profession. In the work before us, which is an indispensable accompaniment to the text, we have one of the best specimens of colored lithographic illustrations that has ever been published in this country. The representations of diseases of the skin, even to the most minute shade of coloring, are remarkably accurate, giving the student or practitioner a very correct idea of the disease he is studying.

Diseases of the skin, in their several varieties, are so common that it is very important that the practitioner of medicine should be prepared to treat them. We know of no work so well adapted to the wants of the general practitioner as Wilson's, with the accompanying plates. The price of both works is seven dollars.

ART. X.—*The New American Cyclopædia: A Popular Dictionary of General Knowledge.* Edited by George Ripley and Charles A. Dana. Vol. I. New York: D. Appleton & Co., 1858.

THIS work is published exclusively by subscription, and will consist of fifteen large 8vo. volumes, each containing 750 two-column pages.

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The first volume, already published, contains over 2,500 original articles. The plan of the publishers seems to be exhaustive of all departments of literature and science, and to present everything worth knowing in the smallest possible space, and in clear, good type.

The physician is expected to be a walking cyclopædia, and we advise those of our readers who wish to possess a complete and reliable record of knowledge, *brought down to the latest moment*, to obtain this New American Cyclopædia.

The first volume, "A to Araguay," is complete; price $3.00 to $4.50, according to style of binding: or those who desire it can have the work in *monthly* parts, of 256 pages each, at $1.00 a part, or in weekly numbers, of 64 pages each, at 25 cents a number.

The work will be complete in fifteen volumes, each to contain a steel-plate portrait of some distinguished man. The first volume contains an excellent portrait of Humboldt.

*** *The Angel and the Demon:* A tale of Modern Spiritualism, by T. S. Arthur, 8vo. pp. 311. Philadelphia, 1858: J. W. Bradley. It may be thought that we are stepping out of our way to notice a work like this; but, on looking it over, we find it so well worthy of a perusal, that we cannot help commending it to our readers. It is certainly one of the most interesting of this deservedly popular author's works, combining, as it does, the instructive with the agreeable.

*** *Life of Dr. Kane, and other Explorers.* By S. M. Smucker, pp. 406. Philadelphia, 1858: J. W. Bradley. A neat volume, giving the principal incidents, etc., in the lives of Dr. Kane, Commodore Perry, and others. Those fond of adventurous lives will enjoy this work.

*** We have received, too late for extended notice this month, *Outlines of a Course of Lectures on the Principles and Practice of Surgery.* By E. Geddings, M. D., Professor of Surgery in the Medical College of the State of South Carolina. Pp. 560. Charleston, S. C.: S. G. Courtenay & Co., 1858.

Also *Elements of Inorganic Chemistry, including the Applications of the Science in the Arts.* By Thomas Graham, F. R. S., L. and E. Pp. 852. Philadelphia: Blanchard and Lea, 1858.

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EDITORIAL.

MEDICAL EDUCATION.

HACKNEYED as is the theme of our article, much may yet be profitably said upon the subject of medical education. It is a subject that must commend itself to the attention of every well wisher of our profession, for it lies at the very foundation of success in a noble and benevolent calling.

That our system of medical education is deficient, and very much needs modifying, is so evident to the universal mind of the profession that questions, plans, and schemes for its improvement have occupied a large share of the attention of each session of the American Medical Association, during the ten years of its existence. It is not, however, so much our purpose now to discuss this matter (much less to propose any plan of our own) as to present the following ideas on the subject, which we take from an editorial in the *Chicago Medical Journal*, and is, we believe, from the pen of its chief editor, Dr. N. A. Davis, whose name has long since been written as one that loves his profession.

Dr. Davis sums up the deficiencies in our present system of medical education in the three following propositions:—

"1st. The usual term of *four months* is too short to allow of more than a partial course on any one branch, if all the important departments of medical science are embraced in the curriculum.

"2d. The system permits no natural order or succession of topics of study on the part of the student, but compels him to listen to the same incomplete course on all the branches at each successive college term.

"Hence, the student who has scarcely proceeded far enough in his medical studies to become familiar with the long bones of the skeleton, is placed in the same class, and made to listen to the same details in practical medicine, surgery, and obstetrics, with him who had already studied diligently three or four years.

"3d. The anxiety of each faculty to include as much as possible of the various departments of medical science in the college term, has caused the number of lectures each day to be so great

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as to leave a very inadequate amount of time for reading, dissections, and clinical study."

Dr. Davis proceeds to discuss the objections to the remedy first proposed by the American Medical Association, and which was so nobly responded to, though unsuccessfully, by some of our more prominent colleges, viz: a simple extension of the lecture term. He says: "If the additional time was used for extending the several courses of lectures, it would leave the second and third evils wholly unmitigable. On the other hand, if the number of lectures per day were reduced in proportion to the increased length of the term, so as to remedy the third evil, the first and second would remain in full force." Dr. Davis then proceeds to recommend the following plan:—

"1st. Such a revision of the several departments or chairs as will permit them to be divided into two groups, the first embracing all those branches usually considered elementary, and the second, all those more directly practical.

2d. Such an extension of the collegiate year as will allow two full lecture terms: the first for the elementary group of branches, and the second for the practical; thus enabling the student, in attending two terms, to hear, instead of a *repetition* of one imperfect course, a full review of all the departments in their natural order of succession.

3d. Such a limit to the number of lectures per day as will permit each student to give adequate time to dissections and clinical instruction.

4th. Access to the wards of a well regulated hospital must constitute a necessary appendage to every medical college, and attendance on at least one course of clinical instruction a requisite for graduation.

To carry these views into successful and full practical operation, we would suggest the following definite plan of college organization, and ask for it the thoughtful consideration, not only of the special committee of the American Medical Association, but of the whole profession:—

1st. Make the full collegiate year embrace a regular course of instruction in the following departments, viz:—

1*st.* Descriptive anatomy.
2*d.* Elementary and inorganic chemistry.
3*d.* Human histology and physiology.
4*th.* Materia medica.
5*th.* General pathology and public hygiene.
6*th.* Regional and surgical anatomy.

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7*th*. Organic chemistry and toxicology.
8*th*. Practical surgery.
9*th*. Practical medicine.
10*th*. Obstetrics and diseases of women.

We would group the first five of these departments together, to constitute an elementary course or term, and the last five to constitute the practical course.

2d. Let each collegiate year be divided into two terms: one called the *elementary*, and the other the *practical term*. The first may commence on the first Monday in March, and continue until the last Wednesday in June. Besides embracing a full course of lectures on each of the five branches named, it should present ample facilities for the practical study of anatomy by dissections, and a course of clinical instruction in the hospitals, devoted almost exclusively to medical and surgical pathology and diagnosis.

The second term should commence on the first Monday in October, and continue until the third Wednesday in February, at which time the annual commencement for conferring degrees should be held. This term should embrace, in addition to the full course of lectures on the five branches assigned to it, also abundant material for dissections, and a full hospital clinical course devoted more directly to the details of practical medicine and surgery.

3d. No student should be eligible to graduation until he had studied medicine and surgery three years, and attended at least one full collegiate year, embracing the two terms just described in their proper order. But instead of attending both college terms the same year, each student should be encouraged to attend the elementary term during the first eighteen months of study, and the practical term at the end of the second eighteen months. Of course, such students as possessed the requisite means could attend a repetition of one or both terms each year during their studies."

Having presented an outline of Dr. Davis's plan, we omit, for want of space, the arguments by which he supports it. They will suggest themselves to the intelligent reader. There are two departments of study not apparently provided for in the above plan, but which might come in as subdivisions of others named, viz: botany, and practical pharmacy: both essential to an intelligent application of the principles of medicine to the every-day wants of the practical physician.

Another thing: Clinical instruction could be pursued to the best advantage in a hospital under the control of, and closely con-

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nected with, a medical school; and we hope to see the day when such will be the case with all our medical colleges.

In conclusion, we would commend the views of Dr. Davis, together with the whole subject of medical education, to the attention of our readers.

INTELLIGENT CORRESPONDENCE.

There is one subject we have for some time been intending to present to the consideration of our readers; it is this: We are in constant receipt of letters from medical men from every section of our land; now, why not make these letters the vehicle of something more than a scrap of business information, as important as that might be to the publisher. We have before us now a letter which may serve as the type of many that we receive, which reads:—

"DR. BUTLER:

I send you three dollars subscrip. for the REPORTER."

Aside from the total lack of any clue to the residence of the subscriber, for which important item of information we must depend on the post mark, if sufficiently legible, or on our alphabetical list of subscribers, this may do well enough for a purely *business* transaction; but how easy it would have been for our friend to have communicated some fact, given some item of information, thrown out some hint on anything that has been discussed in the pages of the REPORTER. Perhaps some epidemic disease has been prevailing in the locality in which he resides, information concerning which might be worthy of permanent record. In this way, our subscribers might aid us in adding interest to the REPORTER: might, indeed, be co-editors with us.

We like to receive intelligent letters, and to keep up at least a *paper* acquaintance with all our subscribers. If we could get some good, practical idea on medicine, in some of its departments, from every letter we receive, what a lot of ideas would be imparted to us in the course of the year; and (just think of it) they *might* possibly get into print!

We invite the attention of our readers to this subject, and hope that, in their correspondence with us, they will endeavor to make us wiser, that we may be capable of imparting wisdom to others.

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THE JOURNALS.

The *Peninsular Journal of Medicine* and the *Medical Independent*, both hitherto published at Detroit, Michigan, have been united under the name of the *Peninsular and Independent Medical Journal.* (A good move.) Drs. A. B. Palmer, and Moses Gunn, and Mr. Frederick Stearns, apothecary, are the editors.

We have received the first number (Jan., 1858) of the *Journal de la Physiologie de l'Homme et des Animaux*, a quarterly publication, under the direction of Dr. E. Brown Séquard, devoted to original physiological research. We hope to draw frequently from its pages to enrich our own. It is published in Paris, each number to contain about 200 pages, at five dollars (twenty-five francs) per annum. B. Westermann & Co., 290 Broadway, New York, are the American agents.

The number before us contains, in full, a translation of Prof. F. Gurney Smith's articles on Experiments in Digestion, published in the *Medical Examiner* for July and Sept. 1856, and afterwards in pamphlet form.

We are also in receipt of the first number of the *Oglethorpe Medical and Surgical Journal*, to be published bi-monthly at Savannah, Ga., under the editorship of Drs. H. L. Byrd and Holmes Steele, professors in the Oglethorpe Medical College. The number before us presents a very attractive appearance, both typographically and in regard to its contents, which are well prepared, whether original or selected. Its editors speak in as confident a tone as if they had 1000 good *paying* subscribers. *They will get them if they fulfil their promises.* Sixty-four pages every two months, $2.00 per annum in advance.

We are glad to learn that the *California State Medical Journal* is to be revived and published again at Sacramento, under the editorship of Dr. Thos. M. Logan. It gave such promise of usefulness under the management of Dr. Morse that we regretted to record its failure. Dr. Logan is fully able to sustain its former reputation.

THE CHAIR OF PRACTICE IN THE JEFFERSON.

We understand the trustees of this institution have filled the vacancy occasioned by the decease of Dr. J. K. Mitchell, by the election of S. Henry Dickson, M. D., LL. D., Professor of the

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Practice and Institutes in the Medical College of the State of South Carolina. We think this is an excellent selection, and one calculated to benefit the Jefferson, though, in view of the recent resignation of Professor Geddings, of the same school, we fear it may prove highly disadvantageous to the future of that institution.

We welcome Prof. Dickson among us, and hope he will meet many warm hearted brethren, who may in some measure enable him to feel at home in our city, and fill the place of the many friends he has left behind.

NECROLOGY.

At Hyde Park, Vermont, on the 25th of November last, Ariel Hunton, M. D., aged sixty-eight. Dr. Hunton was long a contributor to the pages of this journal. The following brief notice of his life was furnished, at our request, by a member of his family:—

"Dr. Ariel Hunton was born in Unity, N. H., July 5, 1789. His father was a farmer, and, consequently, his earlier years were spent in farming. He was always fond of reading, and anxious for an education. At the age of thirteen, by the help of his mother, he was enabled to buy a share in the Claremont Circulating Library, and, at sixteen, attended one term at an academy, the funds for which were obtained in the following manner: When a child, he found a dollar in the road, with which his father bought him a sheep. When he attained the age of sixteen, his single sheep having increased to quite a flock, he proposed to his father to take the sheep, and send him one term to school, which he accordingly did. He also attended one term of high school in his own district, and this, beside the common school, was all his chance for an education; but he taught and studied, endeavoring to add every day to his small stock of knowledge. In April, 1809, he married Polly Pingry, of Salisbury, N. H. His father-in-law being a clothier, he learned the trade, and worked for him nearly five years. During that time, he studied medicine. He read at his work evenings after he came from the mill, and whenever he could find a spare moment. The winter 1813–14, he spent at Springfield, N. H., with Dr. Amasa Howard, who gave him a recommend.[1] The following spring, he removed to Gratan, N. H., and commenced practice. In July, 1818, he removed to Hyde Park, Vt., where he resided till his death. In January, 1835, he received his

[1] In those days, a "recommend" from the preceptor occupied the place of the college diploma of our day.—[Ed. Med. and Surg. Reporter.

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first diploma from the Vermont Medical Society. In 1847, Dartmouth College conferred on him the honorary degree of A. M.

"In March, 1857, he caught a violent cold, from the effects of which he never recovered. *He* considered the seat of his disease to be his lungs, but the physicians who saw him were rather at a loss to decide. Some thought his head diseased; some, his lungs; some, both. He never was in any pain through his whole sickness, but lost his appetite gradually, and consequently his strength. He was not confined to his bed till about two weeks before his death. He lingered on, growing weaker and weaker, but perfectly rational and sensible of his situation till the 25th of November, 5 P. M., when, without a groan or struggle, he expired. His wife survives him; also, two of a family of seven children. He was a man of an inquiring mind, very fond of the natural sciences, and a student as long as he lived; was a skilful physician, had quite an extensive practice, and was warmly attached to his profession."

We would add, that Dr. Hunton's father still lives in New Hampshire, at a very advanced age, and has voted at every Presidential election since Washington was first a candidate for the Presidency.

HOME FOR INVALIDS

WITH

DISEASES OF THE CHEST,

S. W. Corner of Chestnut and Park Streets,

ON THE ROUTE OF THE CHESTNUT STREET LINE OF WEST PHILADELPHIA OMNIBUSES,

PHILADELPHIA.

This Institution has been established with a view to combine all the best hygienic and medicinal means in the treatment of Diseases of the Chest.

The house, grounds and locality have been selected with special reference to the wants of invalids.

The house is commodious, well ventilated, and replete with modern conveniences. It is furnished with strict regard to comfort and the promotion of health; special effort having been made to render it a cheerful home and a desirable retreat for invalids. The grounds are pleasant and attractive, and the location high, healthy, and beautiful.

The Medical Board consists of a resident, an attending, and a consulting physician.

Attending Physician, GEO. J. ZEIGLER, M. D. Consulting Physician, Prof. SAMUEL JACKSON, M. D.

☞ *Application for admission may be made to the attending physician, daily (Sundays excepted), from* 11 *to* 12 *o'clock.*

Applications in writing, or letters of inquiry, may be addressed to

JAMES W. WHITE, Secretary.

May—3t. **Box 1738 Philadelphia Post Office.**

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THE

MEDICAL AND SURGICAL REPORTER.

VOL. XI. JUNE, 1858. No. 6.

ART. I.—*Minutes of the Eleventh Annual Meeting of the American Medical Association, held in the City of Washington, May* 4, 1858.

THE Association met at 9 o'clock A. M. in the lecture-room of the Smithsonian Institution, the President, Dr. Paul F. Eve, of Tennessee, in the chair, supported on either side by Drs. D. Meredith Reese, of New York, and H. Frazer Campbell, of Georgia, Vice-Presidents; and Drs. Robert C. Foster, of Tennessee, and A. J. Semmes, of Washington City, Secretaries.

The President announced Rev. Dr. Sunderland, of Washington City, who opened the proceedings with prayer.

The President having announced that reports were in order, Dr. Harvey Lindsley, Chairman of the Committee of Arrangements, on behalf of the Medical Profession of the District of Columbia, in a few appropriate remarks, extended a sincere and cordial welcome to the members of the Association, as follows:—

MR. PRESIDENT, AND MEMBERS OF THE AMERICAN MEDICAL ASSOCIATION: In behalf of the Medical Profession of the District of Columbia, I proffer to you a cordial and hearty welcome to this, the political metropolis of our common country. It would have been highly gratifying to us to have done this several years since, if it had been consistent with the claims of other more favored places, for you then to have accepted our invitation, so cordially extended to you, to meet in Washington.

It is now some twelve years since the organization of your Association, and the annual meetings which, during that period, have been regularly held in every part of our extended country, have been reunions of kindred spirits, at once pleasant and instructive. Harmony has ever characterized your proceedings. Assembling from the remotest sections of the Republic, from the Kennebec to the Rio Grande, from the Atlantic coast to the El Dorado of the West, you have met, as men devoted to the pursuit of science and philanthropy should always meet, in a spirit of union and concord.

You have left, for a few brief hours, the toils and privations of a

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laborious profession, in order, by a concentration of effort and interchange of opinion, to enlarge the boundaries of science, and extend the usefulness of your calling. You are determined not to lag behind in this age of progress and discovery. You are resolved to effect everything that the most resolute determination, and the most persevering industry can accomplish, for the promotion of knowledge and the good of mankind. Each revolving year witnesses important discoveries in Physiology and Medical Chemistry, useful additions to our Materia Medica, new and valuable appliances and operations in surgery, more correct and philosophical views of disease, and, most important of all, improved modes and greater skill in its treatment. You will return from these annual gatherings with fresh spirit and renewed hopes, with greater zeal and enlarged facilities for the advancement of your profession, and with redoubled energy to bear the sacrifices and endure the labor which its successful prosecution demands. Yours is emphatically a profession of self-denial and self-sacrifice. Much of your time is devoted to the care of patients where your only reward is the consciousness of duty discharged, and suffering relieved. You visit with equal solicitude the humble and the elevated—the hovels of the poor and the mansions of the rich—

"Pauperum tabernas, regumque turres."

We have not much as yet, gentlemen, in our young and growing city, to claim the attention of the votary of medical science. We have no hospitals with extensive wards and ample endowments, enriched by the benefactions of the benevolent, and the accumulated wealth of centuries; no ancient and venerable Universities, with extensive apparatus, splendid museums, or immense anatomical collections to interest and instruct you. We have done, however, what we could; and whatever we have, is open to all without restriction of sect or locality. But the day is not far distant, we trust, when, by the liberality of a great people, our public buildings, our literary and scientific institutions, our national parks and botanic gardens will be worthy of the grand metropolis of a nation, which, perhaps, within the next half century, will be the most populous, powerful, and wealthy in Christendom.

But, whatever may be our deficiencies, we can at least present you one spectacle which can be witnessed nowhere else—a sight worth a pilgrimage to the remotest bounds of the Republic—we can show you the home of Washington—that Mecca of the American people, to which every patriotic heart will ever turn with sentiments of devoted affection and filial reverence.

Again, gentlemen, we welcome you to the hospitalities of our firesides, and the still warmer affections of our hearts.

On motion, the list of delegates, so far as it could be made, was then read by the Secretary, and twenty-five States, the District of Columbia, the Medical Staff of the U. S. Navy, and the American Medical Society in Paris, were represented.

The following list comprises the names of all the delegates, permanent members, and members by invitation, in attendance at any one period during the meeting of the Association:—

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Maine.—Thomas Frye, Job Holmes, James McKeen.

New Hampshire.—Alonzo F. Carr, Josiah Crosby, E. H. Davis, Harrison Eaton, F. P. Fitch, Geo. H. Hubbard, Thomas Sanborn, Jacob P. Whittemore.

Vermont.—P. Pineo, Samuel W. Thayer, Jr.

Massachusetts.—James Ayer, Ebenezer Alden, George F. Bigelow, Henry J. Bowditch, S. G. Burnap, E. Bowen, Edward Barton, J. W. Bemis, Daniel T. Coit, George Choate, Benjamin Cox, Jr., Moses Clarke, Henry G. Clark, B. E. Cotting, H. Carpenter, Benjamin Cutter, C. N. Chamberlain, W. H. Cummings, C. C. Chaffee, E. E. Denniston, James Dunlap, John C. Dalton, Charles A. Davis, N. B. Edwards, David S. Fogg, Levi Folsom, Allen C. Fay, John W. Graves, John Green, John O. Green, Alfred Hitchcock, John Homans, G. Kimball, William D. Lamb, Alexander Le B. Monroe, John M. Moriarty, Josiah Norcross, J. Pratt, Horace Richardson, James W. Robbins, Ira Russell, George C. Shattuck, Seneca Sargent, Horace P. Wakefield, Augustus Whiting, Jonathan Ware, R. H. Wheatland.

Rhode Island.—W. Owen Brown, George L. Collins, Ezekiel Fowler, Charles H. Fisher, Jos. Mauran, Usher Parsons, F. H. Peckham, George A. Peirce, Edwin M. Snow.

Connecticut.—George Blackman, James Brown, E. H. Brinley, D. E. Bostwick, B. H. Catlin, David Crary, Jos. Comstock, Joel Canfield, Ralph Deming, H. C. Gillette, D. H. Hubbard, Charles Hooker, N. B. Ives, John B. Lewis, G. A. Moody, P. G. Rockwell, Leonard J. Sandford, George Seymour, G. H. St. John, S. T. Salisbury, Abram Talcott, T. H. Totten, Ashbel Woodward, J. D. Wilcox, W. Woodruff.

New York.—W. C. Anderson, E. Acosta, J. G. Adams, Thomas C. Brinsmade, D. P. Bissell, Reed B. Bontecon, Levi Beardsley, J. P. Batchelder, Jackson Bolton, John Ball, C. A. Budd, J. H. Hobart Burge, J. A. Brady, W. H. Beardsley, H. H. Beecher, Homer L. Bartlett, E. L. Beadle, W. N. Blakeman, H. D. Balkley, James Crane, Edson Carr, Walter Cary, L. B. Cotes, Hiram Corliss, John Cotes, J. H. Douglass, Edward Delafield, W. Detmold, Jr., Henry S. Downs, John C. Dalton, Jr., H. W. Dean, Austin Flint, S. H. French, Thomas C. Finnell, John T. Ferguson, G. J. Fisher, Henry C. Gray, Horace Green, Samuel Gourdin, John H. Griscom, Horatius Gomez, N. C. Husted, William F. Holcomb, Frank H. Hamilton, B. L. Hovey, S. H. Harrington, C. F. Heywood, Joseph C. Hutchinson, E. Lee Jones, J. Foster Jenkins, S. T. Lockwood, John McCall, Alden March, P. V. N. Morris, R. L. Morris, J. A. Monell, Theo. L. Mason, John McNulty, John T. Metcalfe, James Manley, Willard Parker, James L. Phelps, H. H. Pope, James O. Pond, C. G. Pomeroy, S. S. Purple, D. L. Rogers, D. M. Reese, Joseph M. Smith, J. Marion Sims, Mark Stephenson, Marcus P. Stephenson, John D. Shelton, Lewis A. Sayre, J. M. Sturdevant, W. W. Strew, Frederick Strube, Gouv'r M. Smith, John Trenor, Jr., Howard Townsend, M. D. Van Pelt, John Watson, Joseph Wooster, James R. Wood, James P. White, C. H. Wilcox, H. W. B. Woodhull, James Warren.

New Jersey.—Ephraim Bateman, S. W. Butler, John Blane, J. Henry Clark, H. C. Clark, I. P. Coleman, A. B. Dayton, Wm. Elmer, Enoch

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Fithian, Gabriel Grant, Geo. Goodell, Eugene Jobs, John H. Janeway, C. V. Moore, L. W. Oakley, Wm. Pierson, Jr., R. H. Page, B. H. Stratton, Lyndon A. Smith, Geo. S. Schively, John R. Sickler, J. V. Schenck, O. H. Taylor, A. D. Woodruff.

Pennsylvania.—Washington L. Atlee, John L. Atlee, J. B. Biddle, T. Hewson Bache, J. B. Brinton, J. R. Burden, A. R. Blair, James Bryan, James M. Corse, Joseph Carson, Oliver Cunningham, D. F. Condie, Henry Carpenter, P. Cassidy, Hiram Corson, James S. Carpenter, J. Da Costa, Thomas Ellmaker, J. Augustus Ehler, G. Emerson, J. P. Edge, John Feay, A. H. Fish, W. W. Gerhard, W. M. Guilford, W. H. Gobrecht, S. D. Gross, E. Hartshorne, Henry Hartshorne, Isaac Hays, S. L. Hollingsworth, Wm. S. Halsey, Geo. F. Horton, F. Hinkle, C. F. Hunter, N. L. Hatfield, Wilson Jewell, Wm. L. Knight, James W. Kerr, R. La Roche, C. Percy La Roche, J. F. Lamb, M. M. Levis, Sam'l C. Lewis, R. L. Madison, J. R. McClurg, J. Cheston Morris, J. H. B. McClellan, Jas. A. Meigs, Wm. Mayburry, A. Nebinger, John Neill, M. Newberry, O. Osler, Sam'l Parker, B. Rohrer, T. G. Richardson, F. Rieser, John Ream, John K. Raub, F. G. Smith, A. M. Slocum, R. Q. Shelmerdine, B. F. Schenck, A. E. Stocker, J. H. Smaltz, S. K. Treichler, R. H. Townsend, Ellerslie Wallace, Penrose Wiley, Isaac C. Weisler, W. Worthington, Caspar Wistar, Geo. B. Wood, Edward Wallace, Thomas H. Yardley.

Delaware.—H. F. Askew, Wm. Cummins, E. D. Daily, R. P. Johnson.

Maryland.—Thos. E. Bond, Jr., James Birdley (?), J. S. Coleman, C. C. Cox, James Dawson, J. M. Dunbar, P. S. Field, H. G. Grieves, J. Gilman, Joel Hopkins, H. G. B. Hintze, J. W. Houck, Sam'l K. Handy, J. W. Hebb, H. A. Inloes, S. D. Kennedy, W. M. Kemp, G. W. Lawrence, Jas. A. Muse, J. F. Monmonier, G. W. Miltenberger, D. J. McKew, G. E. Morgan, Ch. McGill, Geo. C. M. Roberts, S. P. Smith, W. H. Stokes, L. H. Steiner, Pembroke M. Womble, S. N. C. White, H. P. C. Wilson, Peregrine Wroth.

District of Columbia.—Thomas Antisell, Cornelius Boyle, Wm. H. Berry, B. S. Bohrer, S. C. Busey, G. M. Dove, W. J. C. Duhamel, Johnson Eliot, A. Y. P. Garnett, J. C. Hall, B. J. Hellen, Wm. Jones, Wm. P. Johnston, C. H. Livermore, H. Lindsley, John Fred. May, Thos. Miller, Jas. E. Morgan, Henry Magruder, C. H. Nichols, John Richards, Joshua Riley, A. J. Semmes, Sam'l C. Smoot, Grafton Tyler, Noble Young, James J. Waring.

Virginia.—Thos. P. Atkinson, J. C. Brown, James Bolton, John Faunt Le Roy, E. A. Hildreth, John C. Hupp, L. S. Joynes, M. M. Lewis, H. G. Leigh, H. H. McGuire, Jas. B. McCaw, A. S. Payne, O. E. Peticolas, Thos. Pollard, Wm. W. Parker, J. N. Schoolfield, P. C. Spencer, Wm. H. Taylor, John B. Wily.

North Carolina.—Chas. F. Dewy, John H. Gibbon, W. H. McKee, N. J. Pittman, A. B. Pierce, J. J. Summerell, J. Graham Tull, Thos. D. Warren, W. C. Warren.

South Carolina.—Rob't S. Bailey, John P. Barratt, P. C. Gaillard, R. W. Gibbes, J. McF. Gaston, E. R. Henderson, John May, J. W.

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W. Marshall, J. G. F. Mittag, T. T. Robertson, A. N. Talley, Wm. T. Wragg.

Georgia.—R. D. Arnold, A. M. Boyd, John T. Banks, Wm. W. Broadhurst, Francis S. Colley, Henry F. Campbell, Thos. M. Darnall, W. T. Hollingsworth, W. S. Jones, J. P. Logan, Thos. S. Powell, Jas. N. Simmons, B. M. Smith.

Alabama.—J. T. Hargraves.

Tennessee.—W. K. Bowling, John L. Cheatham, Paul F. Eve, Robt. C. Foster, Eugene Henderson, Alfred Jones, J. Berrien Lindsley, Joe C. Newnan.

Kentucky.—S. M. Bemiss, Jonathan R. Bailey, R. J. Breckinridge, A. T. Bradford, A. B. Cook, Thos. H. Grubbs, A. W. Gooloe, C. P. Mattingly, Sam'l B. Richardson, Thos. L. Settle, W. L. Sutton.

Ohio.—B. S. Brown, Stephen Bonner, O. G. Comegys, Abel Carey, P. M. Crume, H. J. Dunahoe, J. R. Dawson, E. P. Fyffe, R. S. Gilchrest, A. E. Heighway, Isaac Huestis, J. G. F. Holston, J. P. Judkins, John G. Kyle, W. K. Kable, R. R. McMeens, Geo. Mendenhall, A. F. Matson, A. Mosgrave, H. L. McMillan, W. H. Mussey, J. G. Rogers, W. D. Scarff, Henry Spillman, J. B. Smith, J. L. Vattier.

Indiana.—John C. Beck, T. J. Cogley, R. A. Cameron, Louis Humphreys, Edw'd Murphy, Levi Ritter, Calvin West.

Michigan.—Louis Davenport, Peter Klein, Dwight Nims, Zina Pitcher, A. B. Palmer, Abner Sager.

Illinois.—N. S. Davis, D. E. Foote, C. Goodbrake, A. Hard, Chester Hard, A. H. Luce, Z. H. Madden, H. Noble, John L. Page, J. H. Rauch, D. W. Stormont, Swayne Wickersham, Francis W. White.

Missouri.—W. M. McPheeters, Montrose A. Pallen, Chas. A. Pope, G. C. Swallow, James R. Washington.

Iowa.—Tom O. Edwards, Asa Hoor.
Wisconsin.—D. Cooper Ayres.
California.—O. Harvey.
U. S. Navy.—Chas. D. Maxwell, Geo. Clymer.
U. S. Army—R. C. Wood.
American Medical Society in Paris.—D. R. Hagner.

Dr. Harvey Lindsley, Chairman of the Committee of Arrangements, reported that the session would be held from 9 A. M. to 3 P. M.; also that the President of the U. S. would be happy to receive the members of the Association, and their ladies, at the Executive Mansion, in the evening, at 8 o'clock.

Dr. J. M. Snyder, of Georgetown, was added, on motion, to the Committee of Arrangements.

Dr. H. Lindsley moved, that in order to furnish each State delegation an opportunity to choose a member to represent them on the Nominating Committee, a recess of fifteen minutes be taken, which was agreed to; and, at the conclusion of which, the following gentlemen were reported for the Committee:—

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Nominating Committee.—Job Holmes, Maine; Geo. H. Hubbard, New Hampshire; P. Pineo, Vermont; Ebenezer Alden, Massachusetts; Ashbel Woodward, Connecticut; J. Mauran, Rhode Island; H. D. Bulkley, New York; I. P. Coleman, New Jersey; Isaac Hays, Pennsylvania; H. F. Askew, Delaware; S. P. Smith, Maryland; Noble Young, District of Columbia; A. S. Payne, Virginia; W. H. McKee, North Carolina; W. T. Wragg, South Carolina; Jos. P. Logan, Georgia; J. T. Hargraves, Alabama; R. J. Breckinridge, Kentucky; J. Berrien Lindsley, Tennessee; W. M. McPheeters, Missouri; Geo. Mendenhall, Ohio; Calvin West, Indiana; A. H. Luce, Illinois; Zina Pitcher, Michigan; Tom O. Edwards, Iowa; O. Harvey, California; Geo. Clymer, U. S. Navy.

Dr. Pitcher, of Michigan, moved that the U. S. Army and Navy be entitled to representation on the Nominating Committee. After some discussion by Drs. Miller, of New York, and Condie, of Pennsylvania, the Chair decided in favor of their representation. This decision was appealed from, but a vote being taken, the Chair was sustained.

On motion, a Committee on Voluntary Essays was then appointed, consisting of Drs. Rohrer, of District of Columbia, Flint, of New York, and Hargraves, of Alabama.

The Chair announced that Dr. D. Meredith Reese, of New York, one of the Vice-Presidents of the Association, desired permission to make a communication; which having been granted, Dr. Reese read the following statement:—

To the Officers and Members of the American Medical Association:—

The undersigned, one of the Vice-Presidents of the American Medical Association, having during the interval since our last meeting certified to the professional fitness for the charge of the Blockley Hospital at Philadelphia of an individual who had been expelled from this body for a violation of our Code of Ethics, after consultation with the other officers, and yielding to the advice of other personal friends, desires to say to the Association now assembled—

1. That in giving said certificate he was prompted solely by motives of sympathy and humanity to a fallen brother, who had been a personal friend prior to his offence; and that he did not realize, acting under the impulse of the moment, that his individual act could be construed by the profession as indicating hostility to his brethren.

2. That while his own mind is clear that his certificate contained only the truth, and that, under his peculiar relations to the party concerned, he could not withhold his certificate of medical qualification, consistent with conscience and duty, yet he is ready to concede that he had no abstract right to relieve the party from the censure of the Association until this body had restored him to its fellowship.

3. That so far from intending any disrespect to the Association, or to its act of discipline, the undersigned had publicly sustained and defended both. He therefore disclaims the inference from his certificate that he intended to recommend to a high professional office a man whom the Association had excluded, and thereby nullify the action of this body

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And, finally, with these statements and disclaimers, the undersigned, while retaining his own opinion of the rectitude of his motives, and of his duty, under the peculiar circumstances of the case, is nevertheless prepared to defer to the judgment of those whom he knows to be his friends, that he erred in doing what he had no right to do, in view of his official position in the Association, and is hence called upon to offer this explanation and apology to his brethren. D. M. Reese.

Dr. Condie, of Pa., moved that the apology be received. A substitute was offered, by way of amendment to this motion, declaring that the Code of Ethics of the Association had been violated. The amendment was not agreed to, and the original motion of Dr. Condie was adopted.

On motion of Dr. Atlee, of Pa., the statement of Dr. Reese was ordered to be entered upon the minutes.

Dr. James Bryan, of Pa., said that he was in the same position with Dr. Reese, and offered a similar statement; which was, on motion of Dr. Condie, of Pa., received.

On motion of Dr. Lindsley, of D. C., Dr. Paul F. Eve, of Tenn., the retiring President, delivered the Annual Address.

On motion of Dr. Atlee, of Pa., the President was requested to furnish a copy of his address for publication in the *Transactions* of the Association.

Reports from standing committees being in order, Dr. Grafton Tyler, of D. C., Chairman of the Committee on Prize Essays, submitted the following report:—

The Committee on Prize Essays report that the essays received were three in number, each of which has been examined by them with great care, considering first the intrinsic merits of each essay, and then their merits in relation to each other.

The Committee have discharged the responsible and delicate duty imposed upon them, with a consciousness of its great importance, and are gratified to be able to declare two of the essays submitted to their consideration, in their judgment, each worthy of a prize. The third they also highly commend.

The Committee award the first prize to the essay entitled "*An Essay on the Clinical Study of the Heart-Sounds in Health and Disease.*" It bears the motto, "*Clinica, clinice demonstrandum.*"

They award the second prize to the essay entitled "*An Essay on Vision, and some of its Anomalies, as revealed by the Ophthalmoscope.*" It bears the motto, "*Dux Hominum, medicus est.*"

Grafton Tyler,
J. C. Hall,
Jno. Fred. May,
Thomas Miller,
Joshua Riley,
W. J. C. Duhamel,
A. J. Semmes,
} *Committee on Prize Essays.*

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On motion, the report was accepted, and the essays were referred to the Committee on Publication. Dr. G. Tyler then, in the presence of the Association, opened the sealed packets, disclosing the names of the authors, and found the "*Essay on the Clinical Study of the Heart-Sounds in Health and Disease*," to which was awarded the first prize, to have been written by Dr. Austin Flint, of Buffalo, N. Y., and the "*Essay on Vision, and some of its Anomalies, as revealed by the Ophthalmoscope*," to which was awarded the second prize, to have been written by Dr. Montrose A. Pallen, of St. Louis, Mo.

Upon the motion of Dr. Palmer, of Mich., and by general consent, Drs. Flint and Pallen each favored the Association with a brief synopsis of their essays.

Dr. Lindsley, from the Committee of Arrangements, presented a letter from Capt. M. C. Meigs, U. S. Engineers, calling the attention of the Association to the subject of ventilation, and inviting the members to visit the capitol extension, with a view to its examination in this connection. Also a letter from Dr. C. H. Nichols, in charge of the U. S. Hospital for the Insane of the Army and Navy and of the District of Columbia, inviting the members to visit that establishment; and a communication from the Rev. Bernard A. Maguire, S. J., President of Georgetown College, inviting the Association to visit that institution. On motion of Dr. Hammond, of N. Y., these several invitations were accepted, and the thanks of the Association were accorded therefor.

On motion of Dr. H. Lindsley, Chairman of the Committee of Arrangements, the Hon. Graham N. Fitch, M. D., U. S. Senator from Indiana; Hon. C. C. Chaffee, M. D., of Mass., Hon. Isaiah D. Clawson, M. D., of N. J., Hon. George R. Robbins, M. D., of N. J., Hon. Henry M. Shaw, M. D., of N. C., of the U. S. House of Representatives; Hon. Peter Parker, M. D., late U. S. Commissioner to China; and Dr. Henry Dear, of Maryland, were invited to take seats as members by invitation.

It was moved and unanimously agreed to that Assist. Surgeon Fred. H. Rose, of Her Britannic Majesty's Navy, be invited to take a seat upon the platform with the officers, as a member of the Association.[1]

Dr. Francis Gurney Smith, of Pa., Chairman of the Committee on Publication, submitted his report; which was read, adopted, and referred to the Committee on Publication.

[1] Dr. Rose was the surgeon who humanely volunteered his services recently on board the U. S. ship Susquehanna, when a large portion of her force was disabled by yellow fever on the West India station.—Eds. Med. & Surg. Reporter.

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Dr. Caspar Wistar, of Pa., the Treasurer, presented his annual report, with the accompanying resolutions :—

Resolved, That on or after any annual meeting of this Association, each of the back numbers of *Transactions* shall be sold at $2 a piece to permanent members, except that published during the year next preceding, this to continue at the price paid for it by delegates till the next annual meeting; and, also,

Resolved, That as certain volumes are in great excess, the four vols., v., vii., viii., ix., shall be sold collectively to any permanent member who shall remit $5 to the Treasurer.

Which, with the report, were adopted, and referred to Committee on Publication.

Dr. Geo. W. Norris, of Pa., Chairman of Committee on Education, not being present to report, the subject was referred to the Committee on Nominations.

Dr. A. B. Palmer, of Mich., Chairman of Committee on Medical Literature, was granted permission to make his report to-morrow morning at ten o'clock.

The Committee on Nominations, through their Chairman, Dr. Thos. O. Edwards, of Iowa, reported in part, as follows, which report was, on motion, unanimously adopted :—

President.—HARVEY LINDSLEY, Dist. of Columbia.

Vice-Presidents.—W. L. Sutton, Ky., Josiah Crosby, N. H., Thos. O. Edwards, Iowa, W. C. Warren, N. C.

Secretary.—Alex. J. Semmes, Dist. of Columbia.

Treasurer.—Caspar Wistar, Penna.

On motion, a committee of three, consisting of Drs. Flint, of N. Y., Gross, of Pa., and Gibbes, of S. C., was appointed by the chair to conduct the newly-elected officers to their seats.

The newly-elected President, Dr. H. Lindsley, on taking his seat, returned his sincere thanks to the Association for the undeserved and unexpected honor they had conferred upon him.

On motion, the thanks of the Association were unanimously accorded to the retiring officers, for the able manner in which they had performed their duties; and they were also invited to take seats on the platform.

On motion of Dr. Palmer, of Mich., it was ordered that the Special Committee on Medical Education (Dr. Jas. R. Wood, of New York), report on Wednesday morning, immediately after the report on Medical Literature.

Next in order were reports from the Committees on Medical Topography and Epidemics, from each of the several States of the Union. The report from Maine was referred to the Committee on Nominations. New Jersey being called, Dr. Lyndon A. Smith, Chairman of the Com-

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mittee, read extracts from his report, which was referred to Committee on Publication.

The Association then, on motion, adjourned.

SECOND DAY.

WEDNESDAY, *May 5th*, 1858.

The Association met at 9 o'clock A. M., pursuant to adjournment, the President, Dr. H. Lindsley, in the chair. The Secretary read the minutes of yesterday's proceedings, which were approved.

On motion of Dr. John Watson, of New York, Dr. Delafield, of New York, one of the first officers of the Association, was invited to take a seat on the platform.

Dr. Thos. P. Atkinson, of Va., submitted the following :—

Resolved, That the Constitution of this Association be so amended as to provide that no individual who shall be under sentence of expulsion or suspension from any State or Local Medical Society, of which he may have been a member, shall be received as a delegate to this body, or be allowed any of the privileges of a member, until he shall have been relieved from said sentence by such State or Local Society.

The President decided that under the Constitution, amendments to it must lie over one year, and the resolution was accordingly laid on the table, for consideration at the next annual meeting.

On motion of Dr. Paul F. Eve, of Tenn., Dr. Wm. M. Cumming, of Ga., for some time missionary physician to China, was received as a member by invitation.

On motion of Dr. G. M. Dove, of the Committee of Arrangements, Drs. K. Hupp and A. L. Knight were admitted to seats, as members by invitation.

Dr. A. B. Palmer, of Mich., Chairman of the Committee of Medical Literature, submitted his report. Its full reading was dispensed with, and the whole report was accepted and referred to the Committee on Publication.

On motion of Dr. S. D. Gross, of Penn., Dr. Bozeman, of Ala., was received as a member by invitation.

Dr. Jas. R. Wood, of N. Y., Chairman of the Special Committee on Medical Education, submitted his report, which was read, with the following resolutions :—

Resolved, That the several Medical Colleges of the United States be requested to send delegates to a convention, to be held at on the day of for the purpose of devising a uniform system of medical education.

Resolved, That the present report of the Special Committee on Medical Education be referred to such convention for its consideration.

Resolved, That said convention of delegates from the several colleges

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of the United States be requested to submit to the meeting of this Association, in May, 1859, the result of their deliberations.

On motion, the report was accepted and referred to the Committee on Publication; and the accompanying resolutions were laid on the table.

Dr. Tom O. Edwards, of Iowa, submitted the following partial report:—

The Chairman of the Committee on Nominations begs leave to report that the Committee recommend Louisville, Kentucky, as the next place of meeting of the Association.

Secretary—S. M. Bemiss, of Kentucky.

STANDING COMMITTEES.—*Committee on Publication.*—Francis G. Smith, of Philadelphia, Chairman; Caspar Wistar, of Philadelphia; A. J. Semmes, of Washington, D. C.; S. M. Bemiss, of Louisville, Ky.; Samuel L. Hollingsworth, of Phila.; Samuel Lewis, of Phila., and H. F. Askew, of Delaware.

Committee on Medical Literature.—John Watson, of N. Y., Chairman; Lyndon A. Smith, of N. J.; C. G. Comegys, Ohio; R. W. Gibbs, S. C.; W. M. McPheeters, Missouri.

Committee on Prize Essays.—J. B. Flint, Louisville, Ky., Chairman; M. Goldsmith, ; Henry H. Miller, Louisville, Ky.; Asbury Evans, Covington, Ky.; Calvin West, Ind.

Committee of Arrangements.—R. J. Breckinridge, Louisville, Ky., Chairman; G. W. Ronald, B. M. Wible, D. W. Yandall, D. D. Thomson, N. B. Marshall, G. W. Buyluss, R. C. Hewitt, A. B. Cook.

Committee on Medical Education.—Geo. W. Norris, Phila., Chairman; A. H. Luce, Illinois; E. R. Henderson, S. C.; G. R. Grant, Tenn.; T. S. Powell, Geo.

The report of the Committee was accepted, the nominations were confirmed, and the Committee were granted permission to sit again.

On motion of Dr. Comegys, of Ohio, the resolutions submitted by the Special Committee on Medical Education were taken from the table for consideration.

A long discussion ensued, upon a motion of Dr. Hamilton, of N. Y., to refer the resolutions to a committee, consisting of one member from each delegation, representing a medical college, these members to be named by the college delegates present, and to report on Thursday morning at 10 o'clock. The debate on the motion was terminated by the operation of the previous question, which was moved by Dr. Foster, of Tenn., and the motion of Dr. Hamilton was agreed to.

On motion of Dr. L. A. Smith, of N. J., a vote of thanks was accorded to Dr. Robt. C. Foster, the retiring secretary, for his valuable services, and Dr. S. M. Bemiss, of Ky., one of the newly-elected secretaries, took his seat.

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Dr. John F. Lamb, of Penn., moved that the vote by which the motion of Dr. D. Francis Condie, of Penn., accepting the apology of Dr. D. Meredith Reese, of N. Y., was carried, be reconsidered.

The President decided that a reconsideration was not in order without a suspension of the rules.

A motion to suspend the rules was made, and a division being called, there were found 111 votes in favor of the motion, and 82 against it. The Chair declared that the rules were not suspended, two-thirds not having voted in the affirmative.

An appeal was taken from this decision, and the decision of the Chair was reversed; and the motion of Dr. Lamb to reconsider was agreed to by a vote, on a division, of yeas 142, nays 70.

On motion, the case of Dr. Bryan, of Penn., was laid on the table. Dr. Beck, of Indiana, moved an indefinite postponement of the whole subject. The Chair decided that debate on the motion was not in order.

Dr. Jewell, of Pa., rose to a point of order, when the Chair reversed its decision.

Dr. Jewell then proposed to read the memorial upon the subject from the Philadelphia County Medical Society, when Dr. Biddle, of Pa., objected to it as out of order.

The President decided that the point was not well taken, from which decision Dr. Biddle appealed.

The appeal was not submitted, and, upon motion, the Association went into Committee of the Whole for the consideration of the whole subject of the apology of Dr. Reese, and Dr. Tom O. Edwards, of Iowa, was called to the chair.

After some time had been spent therein, the Committee of the Whole rose, and, through their Chairman, reported to the Association that the Committee had had the apology of Dr. D. Meredith Reese, of N. Y., which had been referred to them, under consideration, and had arrived at the following conclusion thereon: that it was considered "ample, full, complete, and satisfactory."

On motion, this report was received and adopted. Dr. Lamb moved that the apology of Dr. Reese be amended by the insertion of the word "regret." After some debate upon this motion, Dr. Reese submitted the following statement:—

"The undersigned regrets that he certified to the professional qualifications for Blockley Hospital, Philadelphia, of an expelled member of this body, and hereby offers this apology for his departure from the ethical code.

(Signed), D. M. Reese."

On motion, this apology was accepted as satisfactory. Dr. Bryan, of

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Penn., then offered the same as the language of his apology, which was accepted by the Association upon a motion to that effect. The President announced that the Faculty of Georgetown College had invited the Association to an entertainment at the College this afternoon, and that omnibuses would leave the principal hotels at 5 o'clock, to convey the members thither.

On motion, the invitation was accepted, and the thanks of the Association tendered to the President and Faculty of the College.

The President apprised the Association that the Pennsylvania Railroad Company, the Wilmington & Manchester (N. C.) Railroad Company, the Illinois Central Railroad Company, the Northeastern Railroad Company of S. C., and the Richmond & Petersburg Railroad Company, had kindly consented to pass members on their return home free, over their respective roads, upon the exhibition of cards of membership.

On motion, the Association adjourned.

THIRD DAY.

THURSDAY, *May* 6, 1858.

The President called the Association to order at 9 o'clock. The reading of the minutes of yesterday was temporarily postponed.

The following resolution, offered by Dr. R. C. Foster, of Tenn., was adopted:—

Resolved, That all reports from Committees on Epidemics and Medical Topography be referred to the Committee on Publication, and all communications from Special Committees be referred to the Committee on Nominations.

Dr. Paul F. Eve, of Tenn., moved that a Committee on Voluntary Essays be appointed; also that Dr. George Haywood, of Mass., be appointed a delegate to represent this Association in kindred societies in Europe, which were agreed to.

An invitation was received and accepted from Commander M. F. Maury, U. S. N., Superintendent of the National Observatory, inviting the Association to visit that establishment.

Dr. Frank H. Hamilton, of N. Y., from the Committee of Delegates from Medical Colleges, to whom were referred the resolutions reported by the Special Committee on Medical Education, submitted the following report:—

"The Committee to whom was referred the resolutions appended to the report of the Special Committee on Medical Education, have adopted the following preamble and resolution: Fully appreciating the value and importance of the resolution under which we have been appointed, but a majority of the gentlemen constituting this Committee not being authorized by the medical faculties of the several colleges with which

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we are connected to act as their representatives in this matter, and moreover regarding it as quite impossible to secure a convention of delegates in the interim of the meetings of this Association—

"*Resolved*, That we recommend to all the medical colleges entitled to a representation in this body, that they appoint delegates especially instructed to represent them in a meeting to be held at Louisville, on Monday, the day immediately preceding the Convention of the American Medical Association for the year 1859, at ten o'clock in the morning, at such place as the Committee of Arrangements shall designate.

"S. D. GROSS, *Chairman.*
"FRANK H. HAMILTON, *Secretary.*"

This report was accepted on motion of Dr. Kemp, of Md., and the preamble and resolution were adopted, and the Committee instructed to meet in Louisville on the Monday preceding the session of 1859.

Reports from special committees for 1858 being now in order, the reports of Committees on Medical Topography and Epidemics having previously been referred to the Committee on Publication without reading, Dr. J. Foster Jenkins, of N. Y., Chairman of the Committee on "Spontaneous Umbilical Hemorrhage of the Newly Born," presented his report, which was accepted and referred to the Committee on Publication.

ABSTRACT OF DR. JENKINS' REPORT.

Introduction.—Traumatic hemorrhages and those depending on imperfect ligation of the funis rejected.

Two forms of the malady: I. Occasional hemorrhage from a fungoid excrescence at the umbilicus—*never* fatal. II. Persistent hemorrhage from the cicatrized navel—*generally* fatal. Description of 1st form. Its treatment, argent. nitrat., or more effectual, the ligature.

II. Form; its rarity; the neglect by systematic writers on diseases of children; general description; sources whence the materials for this report have been derived; plan of the report; a detailed history of previous contributions to the medical literature of this subject; new cases; table of all the cases (179) subjected to analysis.

Two varieties of this second form of umb. hem.: 1st and most common, that depending on a depraved condition of the blood; 2d, that arising only from an unusual potency of the umbilical vessels. Occasional concurrence of the two sources of hemorrhage.

Etiology.—Potency of umbilical vessels. Natural process of obliteration. Sources of depraved blood: 1. Malformation of liver or its ducts, and disordered function of liver arresting secretion; general liability to hemorrhage in icterode persons. 2. Spanæmia from excessive drinking of diluent fluids by the mother during gestation. 3. Inherited scrofulous or syphilitic taint. 4. Excessive use of alkalies by the mother during gestation. 5. Insufficient food, privation, and mental despondency under the same circumstances. 6. Arrest of development in the liver of the fœtus impairing its blood-making qualities. Hereditary transmission of the hemorrhagic predisposition. Singular apparent im-

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munity of families known as "Bleeders" from this accident. Influence of climate and race not established. This hemorrhage not generally *traceable* to ill health of parents, nor to complication or duration of the labor. External violence sometimes a cause, by mechanically displacing the provisional clot before the obliteration of the umbilical vessels.

Symptoms and Progress of the Disease.—No pathognomonic symptoms. Icterus and purpura most common complications.

Pathological Anatomy.—Notable principally as regards the liver and the umbilical vessels.

Diagnosis.—Easily made.

Prognosis.—Very grave; 84 per cent. (150 out of 179) of those attacked die. Though hemorrhage is arrested, death often ensues from exhaustion. Complication with icterus its most fatal association. Purpura also a grave complication. Average time of fatal issue in 82 cases 3½ days from the beginning of hemorrhage. Limits of hem. 3½ hours to 38 days.

Treatment.—Necessity for its being prompt and efficient. Compression, styptics, the cautery, actual or potential, generally unreliable. Argent. nitrat., injurious. Fluid plaster of Paris moulded into navel has in three cases succeeded, but cannot be relied on. Taking up the bleeding vessels impracticable. Most hope from the early application of the ligature *en masse*, and the internal administration of N. ferri. and the mineral acids. Prophylactic treatment. Use of alkalies and excessive drink to be forbidden in pregnancy.

Dr. S. M. Bemiss, of Ky., Chairman of the Committee on "*Influence of Marriages of Consanguinity upon Offspring*," read his report, which was accepted and referred to same Committee.

Dr. Atlee, of Penn., from the Committee on the subject of preparing a stone for the Washington National Monument, reported that such had been done; that it was of Vermont marble, and was ornamented with a relief representing Hippocrates refusing the presents of Artaxerxes, with the inscription, "Vincit amor patriæ." The report, with the accompanying resolutions, was accepted and referred to the Committee on Publication.

Dr. E. Andrews, of Ill., Chairman of the Committee on "*Functions of Different Portions of the Cerebellum*," offered through Dr. A. B. Palmer, of Mich., an abstract of his report, which was read and referred to the same Committee.

Dr. H. Fraser Campbell, of Geo., Chairman of the Committee on "*The Nervous Concomitants in Febrile Diseases*," read a report, which was accepted and referred to the same Committee.

Dr. J. Marion Sims, of N. Y., Chairman of the Committee on "*Treatment of the Results of Obstructed Labor*," read his report, which was accepted and referred to the same Committee.

Dr. Mark Stephenson, of N. Y., Chairman of the Committee on the "*Treatment best adapted to each Variety of Cataract, with the Method of*

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Operation, Place of Election, Time, Age, &c.," read an abstract of his report, which was accepted and referred to the Committee on Publication.

Dr. C. B. Coventry, of N. Y., Chairman of the Committee on the "*Medical Jurisprudence of Insanity, and the Testimony of Skilled Witnesses in the Court of Justice,*" communicated his report, which was accepted and referred to the Committee on Publication.

Dr. Edwards, of Iowa, from the Committee on Nominations, presented the following report for Special Committees for 1859 :—

Special Committee on the Microscope.—Drs. John G. F. Holstein, of Zanesville, Ohio; John C. Dalton, Jr., of New York; David Hutchinson, of Mooresville, Indiana; A. R. Stout, of San Francisco, California; Calvin Ellis, of Boston, Mass.

Special Committee on Medical Jurisprudence.—Drs. Stephen Smith, of New York City; Frank H. Hamilton, of Buffalo, N. Y.; Dixi Crosby, of Hanover, N. H.; S. S. Purple, of New York City; Isaac S. Mulford, of Camden, N. J.

Committee on Quarantine.—Drs. Elisha Harris, of New York; J. M. Moriarty, of Boston, Mass.; R. La Roche, of Philadelphia; W. L. Wragg, of Charleston, S. C.; E. D. Fenner, of New Orleans, La.

Committee on Surgical Pathology.—Dr. James R. Wood, of New York.

Diseases and Mortality of Boarding Schools.—Dr. C. P. Mattingly, of Kentucky.

On the Various Surgical Operations for the Relief of Defective Vision.—Drs. Montrose A. Pallen, St. Louis, Mo.; T. J. Cogley, Madison, Ind.

Milk Sickness.—Dr. Edward Murphy, New Harmony, Ind.

On the Blood Corpuscle.—Dr. A. Sager, Ann Arbor, Mich.

On Medical Ethics.—Drs. John Watson, New York; John C. Dalton, Lowell, Mass.; G. Emerson, Phila., Pa.; Frank H. Hamilton, Buffalo, N. Y.; P. C. Gaillard, Charleston, S. C.

On the Pons Varolii, Medulla Oblongata, and Spinal Marrow, their Pathology and Therapeutics.—Dr. S. P. Richardson, Louisville, Ky.

On American Necrology; the Hygienic Relations of Air, Food, and Water, the Natural and Artificial Causes of their Impurity, and the best Method by which they can be made most effectually to contribute to the public health.—Dr. C. C. Cox, Easton, Md.

On the Effect of Virus of Rattlesnake, &c., when introduced into the System of the Mammalia.—Dr. A. S. Payne, Paris, Fauquier Co., Va.

On the Climate of the Pacific Coast, and its Modifying Influences upon Inflammatory Action and Disease generally.—Dr. A. Harvey, Placerville, Cal.

The Constitutional Origin of Local Diseases, and the Local Cause of Constitutional Diseases.—Dr. C. F. Heywood, New York.

Special Committee on Epilepsy.—Dr. John G. Kyle, Ohio, Chairman; Drs. Jno. G. F. Holston, Zanesville, Ohio; D. Copper Ayres, Green Bay, Wisconsin; H. J. Dunahoe, Sandusky, Ohio; Calvin West, Ind.

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Causes of the Impulse of the Heart, and the Agencies which influence it in Health and Disease.—Dr. J. W. Corson, of New York City.

Best Substitutes for Cinchona and its Preparations in the Treatment of Intermittent Fever, &c.—Dr. B. S. Woodworth, of Fort Wayne, Ind.

Special Committee on Government Meteorological Reports.—Drs. Paul F. Eve, Tenn.; Zina Pitcher, Mich.; R. H. Coolidge, U. S. Army; Thomas Miller, D. C.

To fill Vacancies in the Committee on Medical Topography and Epidemics; and Continuations of the Committees.—Maine, James C. Wilson, M. D., of Bangor; New Hampshire, Albert Smith, M. D., of Peterborough; Vermont, J. Perkins, M. D., of Castleton; North Carolina, James H. Dickson, M. D., of Wilmington; South Carolina, Peter C. Gaillard, M. D., of Charleston; California, Thomas M. Logan, M. D., of Sacramento; Michigan, J. H. Beech, M. D., of Cold Water; Connecticut, Charles Hooker, M. D., of New Haven.

Dr. Edwards also reported from the Committee of Nominations the following resolution:—

Resolved, That a committee of nine be appointed by the Chair to wait on the Hon. Howell Cobb, Secretary of the Treasury, and respectfully to request the restoration of Dr. M. J. Bailey, as inspector of drugs and medicines for the port of New York.

This report was, on motion, accepted and adopted.

On motion of Dr. G. Tyler, of D. C., the vote by which the whole report was adopted, was reconsidered, and the report was divided; and that portion of the report that referred to nominations for committees was adopted. Dr. Bolton, of Va., then moved the adoption of the resolution accompanying the report of the Committee. Dr. C. C. Cox, of Md., offered the following resolution as a substitute:—

Resolved, That the appointment of inspectors of drugs and medicines in the various ports of the United States should, in the opinion of this Association, have regard to the essential, moral, and scientific qualifications of the candidates, and not to considerations of personal favoritism or political bias.

Dr. Parker, of Va., offered two other resolutions as a substitute, which were not agreed to.

The question recurring on the adoption of the substitute offered by Dr. Cox, it was not agreed to.

Dr. Wilcox, of Connecticut, then moved an amendment to the resolution, by adding the words "disclaiming all political considerations," which amendment Dr. Edwards accepted.

After some discussion, Dr. Rogers, of New York, moved to lay the resolution on the table.

The previous question was demanded and sustained.

The motion to lay on the table was lost, yeas 49, nays 64; and the resolution offered by Dr. Edwards, from the Committee of Nominations,

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was adopted with the amendment by a vote of yeas 79, nays 52, and reads as follows:—

Resolved, That a committee of nine be appointed by the Chair to wait on Hon. Howell Cobb, Secretary of the Treasury, and respectfully to request the restoration of Dr. M. J. Bailey as Inspector of Drugs and Medicines of the port of New York, at the same time disclaiming all political considerations.

Dr. Bohrer, of D. C., from the Committee on Voluntary Essays, reported a want of sufficient time for their examination, and prayed their reference to the Committee on Publications. This was adopted, with an amendment of Dr. Condie, that only such papers should be referred to the latter Committee as the former might read and deem fit for publication.

The President announced, as a Special Committee under Dr. Edwards' resolution, Drs. Arnold, of Georgia; Atkinson, of Virginia; Bulkley, of New York; Hays, of Pennsylvania; Smith, of New Jersey; McPheeters, of Missouri; Hargraves, of Alabama; Pitcher, of Michigan, and Hooker, of Connecticut.

On motion, Dr. Edwards was added to the Committee as Chairman.

Dr. Grant, of New Jersey, presented a complaint made by the Newark Medical Society against the New York Medical College, for a violation of the ethics of the profession. Dr. Edwards, of Iowa, presented a similar complaint, and Dr. Oakley, of New Jersey, a complaint from the Union and Essex County Medical Societies. They were received and referred to the Committee on Ethics.

A communication, received from Dr. E. D. Fenner, of La., was, on motion, referred to the Committee of Publication.

Dr. W. L. Sutton offered the following:—

Resolved, That a committee of three, to be composed of members belonging to the District of Columbia, be appointed, whose duty it shall be, to urge upon the Census Bureau the great interest which this Association feels in a properly conducted census, and especially that portion relating to the vital statistics; and the importance of securing, at an early day, the services of a physician conversant with vital statistics, to assist in arranging the schedules in that department of the census to be taken in 1860; as also to aid in a general supervision over that branch of the census.

This resolution was adopted, and the following gentlemen appointed as the Committee: Drs. Thomas Miller, Thomas Antisell, and A. Y. P. Garnett, all of D. C.

Dr. W. L. Sutton, of Ky., also offered the following resolution:—

Resolved, That a committee of five be appointed, whose duty it shall be to present to the next meeting of this Association a plan for a uni-

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form system of registration of births, marriages, and deaths, including the nomenclature, as also the classification of diseases to be adopted in registration reports, and that the report from Dr. E. Jarvis to this meeting be submitted to their use for the balance of this session.

This resolution was also adopted, and the following gentlemen appointed as the Committee, viz: Drs. W. L. Sutton, Ky.; Edward Jarvis, Mass.; Edward M. Snow, R. I.; Wilson Jewell, Penn.; R. W. Gibbes, S. C.

Dr. Kyle, of Ohio, offered the following resolution, which was laid over till the next meeting under the rules:—

Resolved, That the Constitution of this Association be so amended as to prohibit the admission as a delegate, or the recognition as a member of any person who is not a graduate of some respectable medical college.

Dr. L. A. Smith presented resolutions of the Medical Society of New Jersey praying for such changes of the Constitution as would establish a Board of Censors in every Judicial Circuit of the Supreme Court, who should examine and grant diplomas to all proper members of this Association. Laid over for one year under the rules.

On motion of Dr. L. Humphreys, of Indiana, the following preamble, resolution, and circular, were ordered to be incorporated in the Transactions of the Association, viz:—

Whereas, A circular, looking to the interchanges of the published *Transactions* of the various local Medical Societies of the United States, was unanimously recommended at the last meeting of the Indiana State Medical Society (a copy of which, as prepared by their Committee, is hereto annexed);

And whereas, It is in the power of this Association to promote and successfully carry out the object thereof; therefore,

Resolved, That we cordially approve of a general interchange of published *Transactions* between the various local societies of the United States, and that to carry out this desirable object the delegates of the various societies which publish their *Transactions*, be requested to leave the name and P. O. address of the Secretary thereof with the Secretary of this Association, which shall be published with its proceedings, and each society is hereby recommended to send by mail, prepaid, *three copies* of their published *Transactions* to all of the other societies included in such list.

The Indiana State Medical Society, at its last annual meeting, adopted the following, viz:—

Resolved, That the President appoint a committee of three to prepare and present to this Society, at its next meeting, a plan for an interchange of published *Transactions* of local societies within the United States; that said committee be authorized and empowered to correspond with the officers of any local society as above stated, and to take such steps

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generally as may be necessary to accomplish the object for which this committee is appointed.

The undersigned were appointed said committee. Will you have the goodness to bring this subject to the attention of your Society at its next meeting; ask some definite action, and communicate early the result to this committee?

The benefits of such an interchange of publications as contemplated by our Society are numerous and important, as must be obvious to every reflecting mind. We can but barely mention a few of them—

First. The more general diffusion among our scattered and measurably isolated professional fraternity of the record of facts, observations, and opinions, in a profession abounding, above all others, in them, on a great variety of subjects; and in which, to offer a *few* facts found on record or observed, are allowed to give direction to conservative or curative effects of the first importance.

Second. The cultivation of a better acquaintance with professional brethren throughout the country by means of the minutes of the meetings of societies, and the papers read before and discussed in them, in a profession affording otherwise but limited opportunities for the formation of such an acquaintance, and therefore needing the more vigorous use of such as are passed.

Third. The stimulus of such an arrangement will afford to the diligent cultivator of the profession, to observe well, to record accurately, speculate philosophically, reason logically, practise usefully, and write perspicuously.

Fourth. The probable large increase in the number of writers in the profession, and the consequent elevation of the standard of qualification for entering it.

Fifth. The cultivation of an enlarged and liberal *esprit du corps*, by being brought into contact with the mass of the professional minds of the country.

The Committee solicit suggestions as to the details of a plan for the attainment of that desirable object. They are sensible of many considerable difficulties in the way of it, mainly from want of some channel of intercommunication common to all. Possibly the American Medical Association might become this common channel, and thereby increase its influence.

The *Transactions* might be made the nucleus of a library where one does not exist in any State or local Society, and be used by its members under library regulations. Please acknowledge the receipt of this circular, and communicate at as early a period as possible the action of your Society upon this subject. Hoping to hear that your Society concurs in this movement,

Respectfully yours,

L. HUMPHREYS,
CHAS. FISHBACK,
R. H. BUCK, *Committee.*

Address, Dr. L. Humphreys (Chairman of the Committee), South Bend, St. Joseph Co., Ind.

P. S.—Our Society meets annually in May.

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On motion of Dr. R. W. Gibbes, of S. C., it was

Resolved, That Prof. G. C. Swallow, of Missouri, and Prof. J. F. Mittag, of S. C., be members by invitation of this Association.

On proposition from the Committee of Arrangements, Dr. Blair, of York, Penn., and Dr. John H. Gibbes, of U. S. Mint, N. C., were admitted members by invitation.

On motion of Dr. H. Fraser Campbell, of Geo., it was

Resolved, That this Association has learned with deep regret of the death of the following permanent members of this body: Marshall Hall, *England;* C. R. Walter, Georgia; S. W. Clanton, Alabama; W. G. Craighead, Virginia; Jno. K. Downes, Connecticut; Nathan S. Pike, Connecticut; W. W. Morris, Delaware; and William Gries, of Pennsylvania.

Dr. R. W. Gibbes moved that Prof. Joseph Henry, of the Smithsonian Institute, be requested to favor this Association with his views on meteorology, at such time during the session as he may select; which was agreed to.

An invitation from Professor Bache to visit the Coast Survey Bureau on Capitol Hill was read, accepted, and a vote of thanks for the courtesy was passed.

On motion of Dr. Phelps, the following resolutions were passed unanimously:—

Resolved, That the thanks of this Association are eminently due to the Regents and Professor Henry of the Smithsonian Institution, for the ample and convenient accommodation afforded for the transaction of business.

Resolved, That the Committee of Arrangements are entitled to our praise and highest appreciation of their exertions to promote the comfort of the members and the best interests of the Association.

Resolved, That to the physicians of Washington and Georgetown, and the faculty of Georgetown College, we accord the homage of our sincerest thanks for their elegant hospitalities extended to the members from abroad, by which the pleasure of their sojourn here has been so greatly enhanced.

Resolved, That we feel sure that the impressions on the tablet of memory received here in our national metropolis, in this the first year of the second decade of the Association, will long remain an evidence of the urbane attentions received not only from the Chief Magistrate and other public functionaries of our glorious Union, but of private citizens and the community at large.

Resolved, That the manifestations of union of heart and purpose, in the action of this session, inaugurate a new era, and call for devout acknowledgment to Divine Providence, and presage, as we trust, not only a bright future for the Association, but also as contributing to the perpetuity and prosperity of our great national confederation.

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On motion of Dr. Foster, of Tennessee, it was

Resolved, That after 1860 Dr. Hamilton have the privilege of using his report on "Deformities after Fracture," published in the *Transactions*, for a work which he proposes to publish, or in such manner as he shall see fit.

Dr. H. Fraser Campbell, of Georgia, was, on motion, granted the same permission in relation to his report to the Association.

On motion, Dr. Arnold, of Ga., described a new and effective method of preserving pathological specimens, and exhibited several interesting preparations.

On motion of Dr. Condie, of Pa., the Association heard Dr. Gaston, of S. C., in explanation of his new uterine supporter.

On motion of Dr. L. A. Smith, of N. J., Dr. Peter Parker, ex-Commissioner to China, was then introduced. He exhibited some curious specimens of *calculi*, as the results of thirty-eight operations upon Chinese. They were of various shapes and composition, and weighed from a few drachms up to three, seven, and eight ounces.

On motion of Dr. Miller, of the District of Columbia, it was

Resolved, That the Committee on Publication cause two copies of the *Transactions* of the Association to be transmitted to the British Association, through the British Legation at Washington, with a request for an interchange of *Transactions*.

Dr. Dunbar, of Md., then offered the following resolution, which was adopted:—

Resolved, That the thanks of the American Medical Association are due to Dr. Peter Parker for the very interesting report that he has made of his surgical operations in China, and his specimens which he has exhibited; and when his work shall be published, that the members of this Association be recommended to patronize the same by obtaining copies thereof.

It was ordered, upon motion, that when this Association adjourn, it be to meet again at 5 o'clock this afternoon.

Dr. Dunbar moved a reconsideration of the vote by which the resolution reported by the Committee on Nominations, asking the restoration of Dr. Bailey to the post of Inspector of Drugs for the city of New York, was adopted.

After discussion, the previous question was demanded and sustained, and under its operation a division was had, and the motion to reconsider prevailed—yeas 51, nays 32.

On motion of Dr. McNulty, of New York, the whole subject was indefinitely postponed.

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On motion of Dr. Anderson, of New York, it was unanimously

Resolved, That the thanks of the Medical Association be presented to Rev. Dr. McGuire and the faculty of the College of Georgetown, for their very cordial reception and entertainment of the Association at the College.

The Association then, on motion, adjourned until 5 o'clock P. M.

EVENING SESSION.

Thursday, May 6—5 o'clock P. M.

The Association assembled at 5 o'clock P. M., Dr. W. L. Sutton, of Kentucky, one of the Vice-Presidents, in the chair. Dr. T. L. Mason, of New York, moved an amendment to the Constitution as follows:—

In first line, second paragraph, of Article II., after the words "shall receive the appointment from," to insert, "any Medical Society *permanently* organized in accordance with the laws regulating the practice of physic and surgery in the State in which they are situated, and consisting of physicians and surgeons regularly authorized to practise their profession." Laid over till next year, under the rules. To add to the sixth paragraph, Article II., "But each permanent member of the first class designated in this plan of organization shall be entitled to a seat in this Association, only on his presenting to this body a certificate of his good standing, signed by the secretary of the society to which he may belong at the time of each annual meeting of this body." Laid over till next year, under the rules.

Dr. Henry Hartshorne, of Pennsylvania, moved the following amendment to the Constitution, which was also laid over, viz: To add to the second article, "No one expelled from this Association shall at any time thereafter be received as a delegate or a member, unless by a three-fourths vote of the members present at the next meeting to which he is sent, or at which he is proposed."

The amendments which were proposed at the last meeting at Nashville were then considered *seriatim*, on a motion to that effect. They were read as follows:—

Amend the third article of the Constitution, in relation to meetings, by inserting after the words "first Tuesday in May" the words "or the first Tuesday in June;" and also inserting after the words "shall be determined" the words "with the time of meeting."

In Article II. omit the words "medical colleges," and also the words "the faculty of every regularly constituted medical college or chartered school of medicine shall have the privilege of sending two delegates."

After some discussion, both the proposed amendments were rejected, two-thirds not voting in favor thereof.

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Dr. John Watson, of New York, from the Committee on Ethics, reported as follows:—

Whereas it appears from undoubted testimony that the New York Medical College have conferred the degree of Doctor of Medicine upon a notorious quack, of the name of John F. Dunker, of Newark, the faculty, in the person of the President of said College, wish here to declare that this degree was obtained under gross deception, and false testimonials furnished by said Dunker and his friends; and they therefore revoke and annul his diploma, and declare said Dunker to be unworthy of patronage or support from authority conferred upon him by this diploma.

Dr. C. C. Cox, of Maryland, moved that the report be indefinitely postponed; which was not agreed to.

On motion, the report was then adopted.

The amendments proposed by Dr. Stocker, of Pennsylvania, at the annual meeting in 1856, at Detroit, were then taken from the table, for consideration.

The following were the amendments proposed, viz:—

Article III. Strike out all after the words "first Tuesday in May," and insert as follows: "The Association shall meet biennially in the city of ———. The place of meeting for the intermediate year shall be determined by a vote of the Association."

Article IV. In first paragraph, second line, instead of the words "two Secretaries" insert "one permanent and two assistant Secretaries." In fourth paragraph, fifth line, strike out the words "the Secretary," etc., and substitute, "The *permanent* Secretary shall preserve the archives and unpublished transactions in the permanent place of the meeting of the Association. His expenses for travelling to and from the place of meeting, and while in attendance upon the same, shall be defrayed by the Association."

Upon the amendment proposed to Article III., the vote was yeas 80, nays 42; and upon the first amendment to Article IV., the vote was yeas 84, nays 53. Neither of the amendments having received the constitutional majority of two-thirds, the President declared them to be rejected.

A motion was made to postpone indefinitely the second amendment proposed to Article IV.

Dr. Stocker moved to lay the motion to postpone upon the table.

Pending this, a motion was made to lay the amendment upon the table; which was agreed to.

Dr. Robert C. Foster, of Tennessee, offered the following resolution, which was adopted, viz:—

Resolved, That the Committee on Publication be instructed to collect all of the by-laws and resolutions, which have not been rescinded, through the different volumes of the *Transactions*, to arrange them under their respective heads, and append the same to the Constitution.

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The following amendment to the Constitution was proposed by Dr. J. Berrien Lindsley, of Tennessee, through Dr. Bowling, of Tennessee, and was laid over, under the rules, viz:—

In Article II. omit the words "medical colleges, hospitals, lunatic asylums, and other permanently organized medical institutions, of good standing, in the United States;" and also to omit the words "The faculty of every regularly constituted medical college or chartered school of medicine shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital, containing an hundred inmates or more, shall have the privilege of sending two delegates; and every other permanently organized medical institution, of good standing, shall have the privilege of sending one delegate."

The President announced that the members of the Association were invited by the Curator of the Washington Infirmary to visit that institution.

Upon motion of Dr. Kemp, of Maryland, the thanks of the Association were extended to those railroad companies which had agreed to pass the members to their homes free of charge; and also to all those citizens of Washington, including members of the press, whose courteous attentions had placed the Association under obligations.

On motion, the Association adjourned *sine die*.

A. J. SEMMES,
S. M. BEMISS, } *Secretaries.*

ART. II.—*Scarlatina and its Treatment.* By JOSEPH FITHIAN, M. D., Woodbury, N. J.

IN your number of the REPORTER for May, you say: "We like to receive intelligent letters, and to keep up at least a paper acquaintance with all our subscribers." It occurred to me that I would do one thing that had been too long left undone, and at the same time dot down some thoughts that would meet another of your requests, viz., to "communicate some fact, or give some item of information, or throw out some hint on anything that has been discussed in the REPORTER." We leave you to judge how "intelligent" the thoughts may be that I shall send you; one thing I can truly say, that I am very much pleased with the "Reporter," for the ability with which it is conducted, and the variety and interest of the pages given to your subscribers.

In looking over the proceedings of the Medical Society of New

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Jersey, published in your March number, I was struck with a passage in the report of the Standing Committee, where, speaking of scarlatina, they say: "The cases of scarlatina, which were quite numerous, were of the anginose variety, and were in many cases fatal. * * * Almost every mode of treatment, as advised by various authorities, was resorted to; but, as a general thing, those cases that had the least treatment terminated most favorably. In fact, in our present imperfect knowledge of the pathology of this disease, it seems that the least we do in medication is the best."

Here is homœopathy with a vengeance—in fact it is homœopathy reduced infinitesimally, and if true, we ought to say, "our occupation 's gone," and we should "throw physic to the dogs." I was gratified, however, to see in a note in the margin, that so did not the Medical Society think, as with but one dissenting voice, they "emphatically disclaim any responsibility for such an opinion advanced by the Committee, and enter their disclaimer by authority of the Society." So far so good; but the Society, in my opinion, should have gone one step further, and expunged the whole paragraph from the report.

This subject came up for discussion before a meeting of the Gloucester County Medical Society, at their last meeting, and the sentiment was unanimously discarded.

It is undeniably true, that in many cases the onset of the disease is so violent that, do what we may, the patient dies: like smallpox, and measles, and erysipelas, and cholera, and pernicious fever, &c. &c., the blood undergoes such a change by the poison which constitutes the disease, that it is no longer fitted to sustain life, and the patient succumbs. Who will say, nevertheless, that even in the most malignant case, "the least medication is the best?" May not the passage to the tomb be smoothed by appropriate medication, and may not, and are not, many brought back from the chamber of death and restored to their friends by appropriate treatment, when they would otherwise have sunk into the grave? And again, is it not equally true that the disease assumes every grade, from the most malignant, where the system breaks down at once, to the mildest attack, where no remedy is required; between these extremes medication may, and often does, snatch from the grave, persons who would otherwise perish.

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If this be true, then should not the sentiment of the Standing Committee be expunged from the proceedings of the Medical Society of New Jersey as a blot upon their pages?

I wish to be short, and I will say no more upon this report. I will, with your permission, say a few words upon a remedy for scarlatina, which I have used much to my satisfaction in a number of cases this winter and spring. The disease has been epidemic with us, and, according to the testimony of a number of the members of our society, very severe. We are in the habit of calling upon each member in turn, for his statement of whatever may have taken place of interest to the profession in his practice, during the current year. This often elicits a good deal of interesting discussion, similar to the interesting discussional conversations of the Philadelphia County Medical Society, reported in your journal from time to time. The remedy to which I referred is the *veratrum viride.* Dr. Norwood, of Abbeville, S. C., issued a pamphlet which has been very generally read by the profession, and his testimony, backed by a number of very respectable names of eminent physicians, leaves no doubt that it has great power upon the heart, to allay its irritation, and reduce the frequency of the pulse in disease. I had not known it to be used in scarlet fever, but it occurred to me that, inasmuch as one of the most constant attendants of this disease is a quick, frequent pulse, it might control and bring down this rapid action, and thereby enable the system to bear up under the disease, promote the favorable action of other remedies, and leave it to run its course to a favorable termination. Upon trial, I found this to be the case. Its effect was very decided, and while it will not (nor is it calculated to) supersede other remedies, it has in my hands thus far been one of the most efficient and satisfactory. I used Norwood's tincture. He says he had taken great pains to have it prepared properly, and names a number of places where his preparation can be had. I hope he will give the manner of preparing it to the profession, and that it will become uniform, for I am convinced that there are in the markets preparations of various strength and efficiency.

I will give a case or two to show my method of treating the disease, which from an experience of many years, is about as efficient as any I have hit upon. I have tried all kinds of treat-

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ment which have been in the market, and have succeeded, and failed, as others have done before me. I have bled, and sometimes I am convinced with advantage, but the difficulty of preventing ulceration of the orifice of the vein has bid me not to operate if possible. I have leeched and blistered, and for the same reason have laid them aside, and avoided, as far as possible, breaking the skin.

The accession of the disease is generally ushered in by chilliness, nausea, and vomiting, with the usual symptoms of fever. The throat is more or less inflamed, if not ulcerated; the tongue apt to be red, the pulse rapid: in proportion as this group of symptoms are severe in their accession, may we predict the future of the patient. As soon as reaction is fairly established, there is apt to be a bright red color, with an efflorescent eruption observable in the skin, with great morbid heat. This, however, is not uniform, some pass through the disease without any appearance of eruption.

I once had occasion to bleed a little girl, in a family where several were down with the disease; she had no eruption. Upon applying the ligature, the whole arm below it was immediately covered by the rash. It did not appear upon any other part of the body; she recovered. It is not my intention to describe the disease minutely; my object is more especially with its treatment. Whenever I am called to a case of scarlet fever, and the throat is at all sore, I use the cold cravat; that is, a napkin out of cold water, or if there is much sensitiveness to cold, slightly tepid; this I extend from ear to ear, and from breast to chin; outside of this, cover with a fold of dry flannel. The physician does not generally see the case till after the chilly stage is passed. If so, in addition to the wet cravat, I order calomel in doses of from 6 to 20 grains, according to the age of the patient, followed in one hour by a dose of castor oil q. s. If, after this, the skin is hot, I use frequent ablutions of cool or cold water all over the body, with a little oil on the wet napkin used for the bathing. If the head is affected, lay it upon a wet towel, wet the hair thoroughly, and fold the towel over it, and use a bladder of ice at discretion. The object is to cool down the skin as near as possible to a natural heat, and keep it there, and prevent congestion of the brain where it is threatened. In addition to the oily

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napkin for bathing, I like a little salt grease twice a day; the skin of ham or salt pork is a very good article to pass over the body; it allays the itching and soothes the patient, and with the cold effusion lessens the inflammation of the skin, which, by the extent of its sympathies, aggravates every other symptom. Where the patient is old enough to gargle, I use the cayenne pepper tea, an ordinary teaspoonful of pepper to a half pint of boiling water; let it be repeated every three hours: essence of Jamaica ginger of a proper strength is a good substitute. If there is ulceration of the throat, a solution of twenty grains of nitrate of silver to an ounce of water, applied by a brush or "swab" made of a soft rag, tied on the end of a stick, will be found a valuable remedy applied twice a day; few children will voluntarily submit to this operation; let the nurse lay the child on the lap, the head on the right arm, and hold the hands; the child will cry, and, of course, open the mouth, when the wash can be applied. I like the rag better than the sponge; it is not so harsh, and is always on hand.

After the bowels are freely moved by the calomel and oil, which I think decidedly the best cathartic we can use, it is seldom any active catharsis will be found necessary during the progress of the disease. Castor oil, or a neutral mixture made by mixing the Seidlitz powders in 4 or 6 large spoonfuls of water, with or without Rochelle salts added, and a tablespoonful of the mixture every hour till it operates, is as good a laxative, where there is a hot skin, as I have found, and as readily taken.

The warm and tepid bath will be found a most useful remedy in the active stage of this disease. When the patient is restless, the skin hot and highly colored, and the extremities hot, a cool or tepid bath is best; if, however, the extremities are cool, the bath should be as warm as the patient will bear it: from 5 to 10 minutes is ordinarily long time enough for immersion. The difficulty of obtaining an apparatus, especially in the country, of a suitable character, may be an apology for the following directions: for the want of a better, a large wash tub, which is in every house, may be raised on one side. Spread over the water a sheet or blanket, lay the patient in it, and throw the loose part over the body; the water gradually surrounds and does not

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shock the person; the water can be poured over parts not under water.

The cold water to the throat, the ablutions and the bath are powerful remedies in this disease, and in many others. Whosoever doubts this, let him consult "the medical reports on the effects of water, cold and warm, as a remedy for fever and other diseases, whether applied to the surface of the body or used internally," p. 430, by James Currie, M. D., F. R. S., &c. 4th London edition. Phila., 1808. This work should be read by every physician, if he would wish to get the best manual upon this subject. Hydropathy with all its quackery would find a scientific work, edited by a learned professor, years before they tried to steal his thunder. In scarlet fever he used it by affusion, and with marked good effect. He says, page 63:—

"I have not had an opportunity of repeating Girard's practice with cold water in the incipient stage of scarlatina, but after the efflorescence on the surface decides the nature of the attack, I have, for the last fifteen months, uniformly prescribed immersion in the tepid bath (from 92° to 96°), and with striking benefit." Again, on page 279: "The plan I follow, if called in at this early period, is to strip the patient, and dash four or five gallons of the coldest water to be procured, over his naked body. This produces its usual cooling effects, but these are less permanent than in typhus. In one or two hours afterwards, the heat is often found, on examination, as great as before. The affusion is therefore repeated again and again, as the obstinacy of the heat may indicate. It is sometimes necessary to use it ten or twelve times in twenty-four hours. At the end of this time, but commonly earlier, the force of the fever is broken, and a few tepid affusions, at longer intervals, are sufficient to subdue it entirely. During this time, cold water and lemonade should be used as drinks, and the bowels opened, if necessary, by calomel. In a few cases, I have thought it advisable to assist the affusion by the diaphoretic power of a solution of tartarized antimony. If left to myself, I use no other means." He says further, page 27: "The safest and most advantageous time for using the aspersion or affusion of cold water * * is when there is no sense of chilliness present, when the heat of the surface is steadily above what is natural, and when there is no general or profuse sensible perspi-

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ration." I have not used the bold practice of dashing cold water over the patient. I have no doubt of its powerful healing effects.

After these general remarks upon the treatment of scarlatina, I will proceed more in detail with my experience with the veratrum viride.

The first case in which I used it, was a lovely little girl, 10 years old, daughter of Samuel Willis. Her attack was severe; the disease generally foreshadows the future of its course. I saw her the forepart of the day; she had complained of chilliness and sick stomach in the night, her throat was already in a very inflamed state, the tonsils ulcerated, and a dark red color covering all the back part of the fauces; the external glands were tumefied, and the skin filled with an efflorescent rash, not very hot; the pulse more than 140, and rather small; the eyes red and watery, the nose running with a thin discharge. The feet were cool, and a hot brick was at once ordered. The wet cravat, out of cold water, was put on, extending from ear to ear, with dry flannel outside; calomel, about 10 grs., in a little loaf sugar, was thrown dry on her tongue, rinsed down with a little water to carry it over and around the fauces, to be followed in one hour by a spoonful of castor oil. At the same time 12 drops of veratrum were dropped in 12 teaspoonfuls of water, one teaspoonful mixed with a teaspoonful of spiritus Mindereri, every 3 hours, with the addition of one drop every dose. The throat was to be gargled with cayenne pepper tea, made by putting a teaspoonful of pepper in a half pint of boiling water, to use the gargle once in three hours; 20 grs. of nitrate of silver was dissolved in one ounce of water, and the throat well touched with the solution. In the evening, six hours from my first visit, I again saw my patient; the bowels had been freely moved, the directions carried out, and the last dose of the veratrum had produced a continued retching; her pulse was down to 72, and small. This was a state of things I had never seen in scarlatina before; the rapidity of the pulse generally continues through the course of the disease. A spoonful of the mixture of the Jamaica ginger soon controlled the sickness. The skin becoming hotter, and the eruption more decided, the wet napkin greased, was passed over her body. The feet were warmer, but the artificial heat was continued. The veratrum had been reduced half a drop, and con-

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tinued; the pulse had not increased in frequency. The head showed some congestive symptoms—these were counteracted by cold applications; the wet cravat and the veratrum in the spirit, as before, 2 drops every 3 hours. The cold ablutions over the hot skin, with the salt grease, the gargle and the silver. This is about the treatment of the case for three weeks before she so far recovered as to be able to sit up, having been reduced and attenuated to the extreme of life. I believe the veratrum saved her.

The next case was a little son of Mr. Armstrong, about two years old. His nurse, a girl of fifteen, was just recovering from a pretty severe attack of scarlatina, where the good effects of the veratrum were as decided as before upon the heart, when he was stricken down suddenly by a very severe attack. Fearing the disease, the parents had asked my opinion with respect to the propriety of her walking out with him; the morning being very fine, I encouraged them to do so. While out he was taken with a chill and sick stomach. I saw him in the afternoon; he was extremely restless, throwing himself about, and would not be pacified. His throat did not appear to be very sore or inflamed, but his pulse was very frequent, and his skin hot. The calomel, 6 grs. with sugar, was ordered to be given as before, and the wet towel round the throat; the veratrum was also given, one drop every three hours. Towards bedtime I saw him again; he was in a stupor, from which he occasionally roused to tear over the bed, and again relapse into his stupid sleep. His skin began to put on the efflorescent tinge. All night and next morning, no change for the better; I still continued the veratrum, two drops every three hours. The cathartic had operated; his skin was hot, his head hot, and his stupor worse; the ablutions and wet towel over the head were ordered, and a bladder of ice water constantly applied; three drops of the veratrum were ordered. Dr. B. B. Howell saw him, with me, in the evening. While we were there, he took a dose of the veratrum, three drops; directly the retching took place, and his pulse tumbled down at once to 70, from more than 150. From this time he became less stupid; his symptoms milder; and he ultimately recovered, continuing the veratrum half to one drop till entire convalescence. He was three weeks very sick, the latter half of the time under Dr. Howell's care, as I was confined to my bed with sickness. I be-

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lieve the veratria controlled the disease. I supposed at the time, from the state of his brain, that convulsions would be the consequence, and death the result.

These are specimens of the manner in which I used the article in a number of cases, and so far successfully. What might have been the result without it I cannot say. That it is not an inert, undecided article of the materia medica is manifest. It will rank with the most powerful of the drugs in its effects. It appears to be perfectly safe, given with the same judgment and skill that we would use with opium or digitalis; over the latter it has a decided advantage in its control of the heart. The digitalis sometimes accumulates in the system, and suddenly prostrates the patient. The veratria does not produce this effect. I think the sickness and retching is the point which indicates its full effect—at least this has been my experience. When this effect is produced, the heart gives way; if it does not do so, its specific effect will not be likely to ensue. When this takes place, it is better then to fall back a half drop or a drop, but not intermit in giving it till the disease subsides. It generally acts as a sudorific. These are the most prominent effects which I have observed from its use. Its *modus operandi* I have not studied. It is a well-known fact that the family of poisons operates specifically upon various organs of the body. This would appear to exert its power upon the muscular system directly. Professor Kölliker, in his "Researches on the Physiological Action of Certain Poisons," says: "Veratria, and probably extract of black hellebore, do not act at all on the nerves, but kill the muscles."[1] In smaller doses may it not allay muscular irritability, and the heart being a large muscle, may it not directly restrain its activity, and thus lessen the momentum of the circulation? However we may theorize, it is certainly a powerful agent; and if it shall, upon trial, verify the results so far obtained, the profession will be very much indebted to Doctor Norwood for bringing it into permanent notice.

[1] See Med. Chir. Rev., No. XLVI., April, 1858, p. 402.

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ART. III.—*A Case of Tænia Solium, in which the Infusion of Pumpkin Seeds was used without Success.* By GEO. MCCLELLAN MILLER, M. D., of Brandywine Village, Del.

IN looking over my medical memoranda, I find notes of a case which occurred to me about two years ago, but which I hesitated about reporting, as it seemed to me to possess only a negative interest. Deeming it an important principle, however, especially with reference to remedies of recent introduction, that the instances in which they have failed to produce their desired effects are as much entitled to attention as those in which they have been successfully employed, I have concluded to make the case known. The "*suppressio veritatis*" is as much to be deprecated in medicine as in law, and medical testimony can never be worthy of respect, until it ceases to be the partial and one-sided thing that it is at present.

S. A., æt. 28, a native of England, and a shoemaker by occupation, industrious in habits, rather stoutly built, though of a delicate constitution, called at my office for medical advice on the 1st of April, 1856. He stated that his health had been gradually declining for eight years previously, and that during the past four months he had been voiding from his bowels a great number of "worms," as he called them, some of which he had brought for my inspection, and which I readily recognized as the detached joints of the long tapeworm. He was much troubled with various unpleasant symptoms, such as frontal cephalalgia, vertigo and tinnitus aurium, asthenopia, night-sweats, cough, diarrhœa, constriction of throat, emaciation and debility, disturbed sleep, occasional attacks of faintness, &c. Every function and almost every organ of the system was deranged in a marked degree, and, as may be imagined, the patient was anxious to obtain relief, and willing to carry out any plan of treatment which might be proposed.

Thinking this a fair case for testing the anthelmintic virtues of pumpkin-seeds, of the effects of which I had seen favorable accounts in the medical journals, I resolved to place the patient at once upon the use of the article. In accordance with the method recommended by Dr. D. Leasure, in the *American Journal of the Medical Sciences* for July, 1854, I directed him to take a pint of the bruised seeds, infuse them in three pints of boiling water, let

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the infusion stand over night, and take the whole of it the next day, fasting in the mean time. Having complied faithfully with the directions given, he continued to pass separate joints at each operation, as before, and no striking change was perceived until six days afterwards, when a dose of ol. ricini, which I ordered, was followed by the expulsion of three yards of the worm in one piece. Determined to make a fair trial of the seeds, about a week after the first time of using them, I directed him to employ them again, in the same manner as previously. After using them the second time, he continued to pass only single joints until a few days afterwards, when a dose of ol. ricini was succeeded by the discharge of one and a half yard. Disappointed in the seeds, I commenced the use of ol. terebinth. in the dose of ʒij night and morning, with ol. ricini at noon. This treatment was begun on Sunday, April 28. On the following Thursday he passed five yards, on Saturday morning ten yards, and in the afternoon of the same day five yards more—making in all seventy-three feet, exclusive of the single joints, which had been voided in vast numbers. Supposing the presence of but one worm in the bowels, its length must have been prodigious. Since the last date mentioned, he has not passed any more portions of tape. worm, and his health soon became much improved under tonic medicines and regimen. It is proper to remark that I did not find the head of the worm, although I sought for it carefully. It was probably among the pieces, which I did not examine.

I know not what impression this case may produce upon the minds of others, but it did not give me a very high idea of the vermifuge properties of pumpkin-seeds. It may be said that I am unfair in basing an unfavorable opinion upon a solitary case; but surely, if possessed of decided merits, they would have produced *some* noticeable effect in a case in which there existed every condition favorable to their operation. I hope that others, whose experience has been similar to my own, will come forward and report, so that we may be able to compare the successful and unsuccessful cases, and, striking a balance between them, may arrive at a correct estimate of the value of the medicine in question. Let them state specifically the mode and quantity in which the article was administered, the results of its use, and every other material circumstance connected with the matter, and it will soon find its proper level, whether that level be a high or low one.

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ART. IV.—*Annual Report of the Essex Medical District Society.* By WM. PIERSON, M. D.

DR. WOOLVERTON, *Chairman of Standing Committee of N. J. Medical Society*—

SIR: It becomes my duty, as reporter of the Essex Medical District Society, to communicate to you such information as I have been enabled to gather respecting the diseases which have prevailed in the district during the past year. In the district the year seems, from what I can gather from the reports of the physicians, to have been one of unexampled immunity from disease. A physician in Newark says, in a practice of thirty years, he cannot recall one, so uniformly healthy as the past has been. The epidemics which have prevailed, have been of a mild type and easily managed.

The year was ushered in by extreme cold weather, which continued through the month of January. On several occasions, the mercury in the thermometer stood 10° below zero. Good sleighing all the while. In February, the mean temperature was much higher. The spring was cold and very late. The summer also cool. I have no meteorological table of the past year to consult, or I would give a more full account of the seasons.

During the winter months we had rather more than our usual amount of thoracic disease, particularly infantile pneumonia, which may be accounted for, by the extreme cold weather; however, they were easily managed. In pneumonia, the antimony treatment for adults, and ipecac. for infants, was that usually relied on. The lancet never resorted to. Cups and leeches were occasionally employed. Fomentations to the chest were found quite efficacious, particularly in infants. In the advanced stages, blisters acted well.

Later in the season, we met with a number of cases of passive pleurisy with effusion, and, in fact, such cases have been more or less frequent throughout the year. It occurred in all habits of body, and was not confined to the cachectic, as is usually the case. The prominent rational symptoms were a dry cough, slight

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pain or uneasiness in the side, loss of appetite, and a languid look. Pulse not much accelerated. Towards evening, there would usually be a slight febrile action. Most cases were readily relieved by repeated blistering, and the use of potass. iodid. internally.

Scarlatina prevailed in all its forms epidemically, to a limited extent, in Newark and in some of the neighboring towns. Dr. Oakley, of Elizabeth, speaks of its occurring in that city. The plan pursued by him in the treatment of the disease is as follows: "The room is to be cool and thoroughly ventilated; the patient with as little covering as is consistent with comfort; a slight laxative at the onset; little or no purgation during the course of the disease; no emetics; no blistering; no bloodletting. The remedies used, a mush or flaxseed fomentation to the throat, if there be much soreness or enlargement of the tonsils; chlorate of potassa in solution, a drachm to a pint of water, with acidulated infusion of roses frequently administered. A simple diet, with as much cold water as the patient may desire. These are the leading features of the treatment, of course to be rationally deviated from, to meet individual peculiarity."

So far as my knowledge extends, this is the usual course pursued in the treatment of the disease by physicians in this district. Many sporadic cases have occurred in Orange during the year, and in several instances a single case has made its appearance in a family of children without spreading. I find many physicians in this region who have heretofore been in the habit of considering scarlatina among the contagious diseases, have of late become sceptical on the subject, and are almost persuaded to take the opposite view.

Rubeola prevailed as an epidemic in Newark and in Orange in the spring. In Orange, no epidemic, in my recollection, ever prevailed as extensively: there were over three hundred cases. Nearly all the cases, so far as my own observation extended, ran the usual course of the disease, and terminated in recovery without any medication. In one instance, the antecedent fever lasted twelve days before the rash made its appearance. In several cases the rash was accompanied with a crop of small vesicles. A pustular eruption of the skin was a very common sequela, the pustules often terminating in ulceration, which would be a long

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while in healing. In two instances the disease occurred in women six months enceinte; both recovered without any untoward symptoms, and at the end of their pregnancy were delivered of healthy children.

Acute rheumatism was common in the spring. The alkaline treatment was usually adopted. The quinine treatment was used in a few cases, but with no marked success.

Pertussis was quite prevalent in our town during the spring. Nothing peculiar noticed in the attacks. The remedies which seemed to produce any effect upon the disease were belladonna and hydrocyanic acid. They were usually administered with some expectorant.

The bowel diseases of summer were much less formidable than usual throughout the district, which was probably owing to the cool season. The cases that did occur were mild in their character, and yielded readily to the usual treatment.

In the autumn, dysentery prevailed in some localities. With us, there were a very few cases, and nothing occurred in their course worthy of notice. Dr. Love, of Bloomfield, writes that the disease prevailed in his vicinity, and required prompt and energetic treatment.

Dr. Craig, of Plainfield, speaks of a disease which he calls autumnal bilious fever, which prevailed in the autumn months in a circumscribed locality three miles north of Plainfield. The local causes he was unable to define. The only peculiarity in the disease was its tedious convalescence, requiring eight or ten weeks. In the onset of the attack, congestion was a marked symptom. The lancet, mercurial cathartics, and counter-irritation were the basis of his treatment.

Dr. Oakley writes that bilious and typhoid fever have been quite prevalent in his practice. He says: "In the former of these diseases, the tendency to a low type is marked, and frequently soon after the first symptoms have established themselves, forbidding active treatment and suggesting stimulants, especially quinine, in the first remission of the fever. The quinine used first with care, and the increase of dose graduated to the effect, has the best influence in increasing the interval of remission, and leading to more certain and speedy cure. In the cases of typhoid fever," he goes on to say, "this effect is still

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more apparent. In many instances, with the exception of an occasional laxative, this practice is observed almost from the first, and with a uniform success. Beef-tea and brandy, if the patient becomes more reduced, and fomentations, if tenderness exists in the bowels, in many cases lead to a happy result without other interference."

The so-called malarious diseases have prevailed to a much less extent than usual.

Variola is quite rife in Newark at the present time, but I am aware of no particulars concerning it worthy of mention.

Dr. Dougherty, of Newark, reports six cases of pustule maligne, in which he exsected the pustule, five of which recovered. The following is his account of them:—

July 20, 9 o'clock A. M. Was called to see R. C——, found him with high fever, pulse 130; skin hot and dry; face flushed, and suffering intense pain in the back. Learned that three days previous, he skinned a cow which had died suddenly of what appeared to be the bloody murrain. The next day he noticed a pimple on the back of his right hand which gradually enlarged, the redness from it extending up the arm and causing alarm which induced him to send for me. On the back of the hand, about the middle of the fifth metacarpal bone, there was a pustule answering to the description of pustule maligne or charbon. It was round, flat, elevated, slightly depressed in the centre, without fluctuation, blackish, and about the size of a shilling. Around it was a circle of inflammation, and the back of the arm up to the elbow, was red, swollen, and painful.

Immediately ordered twenty leeches to the arm, the bites to be encouraged to bleed freely; afterwards a strip of blistering tissue an inch wide, to encircle the arm just above the elbow, also calomel and castor oil. On my return after some hours, the leech-bites were still bleeding, and the pulse had fallen to 80. The patient pointed out another pustule occupying the back of the forefinger of the left hand near its proximal extremity, and about one-fourth of an inch in diameter, accompanied by no pain, or redness, or swelling. I proceeded to exsect the diseased parts, taking care to go completely beyond them and include sound parts. The cellular tissue, about the largest, was condensed like brawn, and showed certain dark spots as if of commencing gan-

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grene. I therefore removed another circular strip, covered the whole arm with yeast poultices, and gave the following mixture: R.—Vin. opii, tr. valer., tr. moschi, āā ʒss.—M. Dose, a teaspoonful every two hours.

Evening. Pulse 75, no pain, had slept a little. From this time no bad symptoms supervened, and in a week the process of repair was well advanced.

Case II. *July* 19. R. L. B. skinned a cow which, as in the other case, was supposed to have died of bloody murrain. Had a scratch on his finger. The day after the skinning of the cow, the finger was swollen and sore. Consulted a physician who lanced it and advised the application of cold water. On the third day I saw it; the pustule was elliptical in shape, extending along the finger from the metacarpo-phalangeal articulation to the middle of the finger. There was considerable stinging pain shooting up the arm. A narrow reddish-blue line surrounded the pustule, which for the rest had the same characteristics as described in the other case. Cut out the part and applied caustic potash; ordered a poultice to the arm, and an anodyne. Next day painted the whole arm with collodion, and in a week he was well.

Case III. D. P. helped in the skinning of the first cow; was not aware of any abrasion either before or at the time. On the third day afterwards, he noticed a small pimple on the back of the right arm about half way to the elbow, the top of said pimple containing yellow serum. Had no pain whatever, except when the sore was struck in the course of his work. On the 25th of July, eight days after the skinning of the cow, he came to me, and I found a pustule nearly an inch in diameter, of the same character as before described. I immediately extirpated it, applied a strip of blister above the elbow, and collodion over the whole arm. He did well.

Case IV. *Aug.* 3. Was summoned to a German, who had skinned a cow a week before, and was suffering from malignant pustule, occupying the whole of the anterior aspect of the wrist. Had also another of smaller dimensions on the back of the hand. Cut them out immediately. Axillary glands were enlarged. Treated the arm as in the other cases. In a day or two, complained of pain in the bowels and diarrhœa, which, however, were

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easily relieved. The surface of the sore on the wrist became sloughy, the swelling of the arm increased, the whole cellular tissue very œdematous. An incision was practised through the fascia, and on the 9th inst., about two weeks after the accident, he suddenly sank. Post-mortem examination revealed the whole subcutaneous cellular tissue in a sloughy state, the muscles dissected out, the axilla the seat of abundant purulent deposit, and the peritoneal cavity containing about a pint of flocculent serum. On the small intestines, were two circular spots having all the characteristics of the pustule, as presented on the surface of the body.

Cases V. and VI. These cases presented nothing remarkable. They were treated like the others, and did well. After exsection, applied concentrated nitric acid. In the sixth case, there was much constitutional disturbance, and the glands of the armpit were affected.

An account of a case of profuse salivation and ulceration of the gums, the result of decayed teeth, has been received. The case presented all the symptoms of a mercurial salivation; occurred in a delicate female; was treated with tonics and local astringents as in ordinary salivation; recovered in six days.

The following is a report of a case of narcotism from nutmeg, by Dr. Wicks, of Orange:—

C. V. sent for me in haste at 2 o'clock P. M. to see his wife. Found her in bed, in a partially comatose state; roused her, and inquired concerning her symptoms; she replied incoherently at first, but soon recognizing me, she said that she had a bad feeling at the stomach, and that her head was dizzy; that she felt wild and could not collect her thoughts; at 10 o'clock she had eaten two nutmegs; experienced no immediate unpleasant effect; at 12 she ate dinner as usual, and after dinner sat down to work; that soon after being seated, she began to feel strangely; thought she was dying, and fearing she might die alone in the house, took her work and went to her sister's. She became worse, and lay upon the bed in the state in which I found her. She detailed the above to me as I have written it, but not continuously; after uttering a few words, her mind would wander; then she would recover herself, and wander again. Evident narcotism was produced in her. Gave an emetic of ipecac., causing her to vomit

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part of a nutmeg. Her "queer feelings" continued till evening. Called the next day and found her well.

A case of anomalous sounds in the chest is also reported by the doctor. They occurred in a person suffering from pulmonary disease. The sound is described as a clicking noise in the region of the heart, so distinct that it is readily heard as you sit by his side. It sounds like the cold chisel of the stonecutter, struck by the hammer, across the street. It is heard for half a minute, and then ceases, and then again it is heard. It has no connection with the respiration, and is not synchronous with the motions of the heart; the sounds are about fifty in a minute, and his pulse 80. It was attended with no unpleasant sensations, or sensations of any kind. They seem to proceed from the left side near the apex of the heart, and only while in a reclining posture.

Also mentions a case of tapeworm, of the variety tænia solium, measuring five feet, which was voided by a patient of his, the second day after the administration of a dose of calomel followed by salts and senna.

In surgery, I have the report of several interesting cases. Dr. Dougherty reports a case of ulceration of the cartilages of the knee-joint, with extensive abscesses; amputation; recovery. Also a case of inguinal hernia; operation; recovery.

A full report of these cases may be given if desired. The doctor mentions a case of luxation of the humerus of five weeks' standing, which he reduced by means of Jarvis' adjuster.

Dr. Craig speaks of several cases of complicated fractures in which he has used Day's splints with much satisfaction. I have made use of a similar apparatus repeatedly during the year with the like satisfaction. I think it the most complete apparatus for the treatment of fractures I have ever examined.

A case of popliteal aneurism, cured by compression, occurred in my practice during the year, which is, perhaps, of sufficient interest to report. The history of the case is briefly this: *Oct.* 30. Abram, a negro, aged about fifty years; circulation feeble; of intemperate habits; has usually enjoyed good general health. Eight months since, a small pulsating tumor was felt in the popliteal space, which has been steadily increasing, and is now as large as a cocoa-nut; has suffered more or less pain from the first appearance of the tumor. At present, there is much œdema of

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the leg. The tumor is firm and strongly pulsating; pulsation completely arrested if the femoral be compressed; a bruit is heard on applying the ear to the tumor.

Applied the pressure in the course of the femoral by means of Signorim's tourniquet. The pressure was applied to such a degree as greatly to mitigate the force of the circulation, but not absolutely to arrest the pulsation in the tumor. The seat of pressure to be varied in the course of the artery; to be kept in bed; allowed meat once daily.

31*st.* Complains of much pain from the pressure; removed the tourniquet for three hours, and applied it in a new place.

Nov. 5. Pulsation still continues; tumor somewhat diminished in size, and firmer; have been obliged to remove the tourniquet for several hours at a time every day; there has been little or no constitutional disturbance.

10*th.* Tumor smaller, and feeling perfectly solid; no pulsation to be felt. As the pressure caused no disturbance, continued it a few days longer.

16*th.* Discontinued the pressure altogether; allow the patient to leave his bed and walk out of doors. From this time onward, the tumor gradually diminished in size, until it has now nearly disappeared.

The following case, occurring in the practice of Dr. J. F. Ward, Newark, is somewhat interesting and anomalous. It is reported by Dr. Lehlbach.

Samuel C., aged 47 years, was taken sick some time in Jan., 1856. He had fever, pain, and great tenderness in the region of the liver, with other symptoms indicating inflammation of that organ.

Before this attack of sickness, when at work (house-painting), he was frequently seized with cramp and pain in his right leg. He ascribed these cramps to his standing with the right foot on the ladder, bracing his left foot against the wall, so as to push the ladder away from the wall, in order to give more scope to his brush. However, he recovered from this attack, and gained a little strength. He went to work occasionally, but the cramps and pain in the leg continued.

In the fall of 1856, a sore spot appeared on the right hip, just below the crest of the ilium, about three inches from the superior

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spinous process. There was some redness, with considerable of swelling. Indistinct fluctuation could at times be detected. An exploring needle was introduced, but no pus was found. The operation gave him much relief, and caused almost a total subsidence of the swelling. His general health, too, was so much better that he was induced to visit his friends in the country. While there, he contracted a severe cold. This, together with a little over-exertion, occasioned a return of the swelling, and with it, the constitutional disturbance. Some three weeks after his return, it became manifest that suppuration was going on in this swelling. An incision was made, and there followed a copious discharge of pus. At the end of a week, Mrs. C. discovered, while dressing the abscess, the motion of what she supposed to be a worm, and, with a pair of tweezers, extracted a good sized lumbricoid. The abscess continued to discharge, and fecal matter escaped twice. During all this period, his leg was excessively painful, and very œdematous. At intervals, he expectorated *very offensive* matter. There were also paroxysmal attacks of pain in the right kidney; urine scanty, high colored, and depositing earthy sediment. Two more abscesses opened in the groin, when hectic set in, and rapidly failing, he died May 30th, 1857.

Post-mortem examination.—May 31st, 20 hours after death. Present, Drs. Ward, Dougherty, Woodhull, and Lehlbach.

External appearances.—The body appeared somewhat emaciated. Just below the crest of the right ilium, about three inches from the superior spine, there was an ulcerated surface and *sinus*, from which matter escaped on pressure. On being probed, this sinus was found to pass forwards and slightly upwards into the abdomen. In the right groin, there were two similar sinuses, running some distance down the leg. Otherwise the body appeared normal.

Lungs.—Both lungs were normal, crepitating, etc., with the exception of:—

1st. A very slight tuberculous deposit, in the first stage of development, at the apex of the right lung; and

2d. Unusually *firm* adhesions of the lower lobe of the right lung to the diaphragm. It was impossible to separate the adhesion with the fingers, and on cutting with the scalpel, it felt like cutting cartilage. For some distance around these adhesions, the

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pulmonary substance was hard and solid. There were also slight pleuritic adhesions on this side, but not recent.

Heart.—Perfectly sound.

Liver.—Was very much enlarged, light colored, presenting the appearance of granular degeneration. No communication between this organ and the principal sinus could be found.

Spleen.—Very large, soft, and congested.

Mesenteric Glands.—Some quite large.

Intestines.—All was normal except the colon. It had evidently been the seat of inflammatory action. At a point corresponding to the termination of the principal sinus, it was adherent to the abdominal walls and three portions of intestine, agglutinated together by strong false membrane. The parts involved in these adhesions were portions of the ascending and transverse colon, and cæcum. The intestine being held down firmly by these adhesions, it was impossible to trace the exact communication with the external sinus, through which the escape of feces must have taken place. *There was a large collection of pus in, and around the iliacus internus and psoas muscles.* There were three outlets from this: two leading to the sinuses in the groin, the other to that near the crest of the ilium. *There were traces of a sinus having passed along the upper surface of the liver to the diaphragm, and entering the inferior lobe of the right lung, at the point where the adhesions above described were found.* The offensive matter which he expectorated came, doubtless, through this channel. The ilium on the right side was denuded of its periosteum to some extent around the sinus.

Remarks.—The case was probably one of psoas abscess, induced by chronic inflammation of that muscle, which was caused by the constant strain of the muscle by standing on the ladder, in the position above described. The pain and cramp to which he was subject, long before the swelling showed itself, point that way. *Remarkable* is the formation of a sinus along the liver through the diaphragm to the lung, and the *firm* manner in which nature arrested further mischief by forming adhesions. *Anomalous:* the accidental discharge of a worm; a forceps delivery per vias non naturales.

Also mentions a case of imperforate anus, occurring in a female child, which was successfully operated upon. It also

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occurred in Dr. Ward's practice. It is now three years since the operation, and the child is still doing well. The deformity was discovered on the second day after birth. Besides the imperforate anus, a recto-vaginal fistula was discovered, which was either congenital or established within the first or second day after birth. The feces passed through this opening. A probe was carried into the vagina, through the fistulous opening, and its handle being turned upwards, the point was felt with sufficient distinctness through about one-third of an inch of integuments. An artificial anus was established. Bougies were subsequently introduced, and though a little difficulty occurred occasionally, it remained permanent to the present time. There is now occasional discharge of feces through the vagina, when the straining is violent, but the greater part passes per anum. There is no reason why, in time, the fistula should not be remedied by an operation on Sim's plan, thus affording a permanent, as well as perfect relief.

Several cases of puerperal convulsions have been reported. All recovered but one. Lancet was employed in nearly all of them. The fatal case occurred at Clinton. The convulsions came on at the very onset of labor, and, before the delivery could be accomplished, the patient expired. She was a primipara, and of plethoric habit. The lancet was employed freely. Dr. Craig reports two cases in which he used chloroform and ether, with a good result. The first case was delivered with the forceps, while the patient was under the influence of the anæsthetic.

The second case occurred at the fourth month of pregnancy; patient aged twenty-two years; convulsions came on every ten or fifteen minutes; was unconscious all the time; was copiously bled. Ice applied to the head, and blisters to the extremities. Convulsions continued three or four hours. Chloroform and ether were then administered, and in twenty minutes the spasms ceased, and consciousness was restored; in eighteen hours she aborted.

Dr. Whittingham, of Milburn, reports the following case of fatal syncope occurring after labor: Mrs. M. W., of Clinton Place, was taken in labor about 3 P. M.; did well throughout the whole course of it; was delivered in two hours of a living child. Placenta delivered without trouble. No hemorrhage of sufficient amount to cause anxiety. Fainted almost immediately; was re-

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suscitated with difficulty. In the course of a few minutes fainted again. The difficulty of reaction increased. Prescribed brandy. In fifteen minutes fainted again. Uterus hard and *contracted*, both by *internal* and *external* examination. No hemorrhage. Attacks of syncope continuing, took carb. ammon. and brandy, with ether sulphuric. The attacks continuing, she finally died in one, a few hours after delivery. She had disease of the spine; was well bandaged.

A singular case occurred in Clinton Township, in which there was a development of an enormous tumor on the fœtus. This briefly is the history; it is given from memory: Mrs. P., aged about 33 years, of delicate constitution, was taken in labor on the 23d of April, with her fourth child. Dr. Jobs, of Springfield, was sent for, but before his arrival the head and trunk were born. By a little manipulation the feet and legs were delivered, the nates still remaining. What could retain the nates was a query not easy of solution. By gentle traction and per vagina examination, it was discovered that something was attached to the child of such a size as to render it improper to continue the traction further. The uterus seemed almost as large as it was before the birth of the child. All manner of speculations were entertained as to what this "something" was, that was causing all the difficulty. The one which seemed to gain most favor was, that it was a second child. At this stage of the labor it was my privilege to be present. I agreed in the opinion that it was a second child we had to contend with, but before we had decided what course to pursue, a further examination was instituted, when, by accident, the finger punctured a soft spot in the tumor, and a large quantity of water escaped. By a little traction, the delivery was soon completed. It is proper to say that the labor pains continued throughout the labor. The tumor was attached just over the sacrum, was much larger than the fœtus, which was of normal size; was sacculated; contained over two gallons of water; was covered entirely by the integuments, excepting at the front, where it was punctured. Had no connection whatever with the spine; was therefore not a spina bifida. The child was living when the doctor arrived, but perished in the labor; the mother died on the seventh day of peritonitis.

Accompanying this is a tabular report of the mortality of the

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city of Newark, from August, 1854, to August, 1857, which, through the kindness of Dr. Lehlbach, I am enabled to give you.

The usual amount of quackery prevails in the district, but it seems hardly becoming for us to find fault with it as long as we admit it within our own ranks. I regret to inform you that there are a number, who are members of our Society, who are constant venders and dispensers of quack nostrums in direct violation of the code of ethics of the National Medical Society. It has been permitted for many years, and on that account it is difficult to know how to remedy it. Would it not be well for the State Society to instruct us what course to pursue?

In conclusion, I am happy to inform you that during the past year there has been a glorious medical revival in the city of Newark. The Newark Medical Association, founded in 1835, has been reorganized. Its constitution has been altered and improved. The meetings have been held monthly, at which many interesting cases have been reported and discussed.

A number of physicians have lately memorialized the Common Council to establish a Dispensary. The Common Council at once responded to the call, obtained rooms, appointed an apothecary, and furnished medicines. There are at present fourteen attending physicians, divided into seven classes, and the Institution is already doing a great deal of good. Yours, very respectfully,

WILLIAM PIERSON, JR.

ORANGE, *Jan.* 19, 1858.

DR. WM. PIERSON, JR., *Reporter for Essex County.*

THE mortality statistics of the city of Newark have never, as far as I know, been compiled. You must hence excuse any failings in the accompanying tables, which could have been avoided had correct compilations already been made, and had the time allotted to me to "finish up" not been too limited. A few remarks explanatory to these tables:—

Table 1. Great difficulties meet the statistician on account of the loose and varying nomenclature of diseases. According to an ordinance of the Common Council of Newark, no person can be buried without a permit from the City Clerk, which is granted on a certificate of death signed by the attending physician or coroner. It is obvious that the term "physician," used in this ordinance, only applies to such persons as are regularly licensed

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physicians, because the city authorities have no power to apply in their official capacity, the term "physician" otherwise than is defined by the statutes of the State. However easy it may be under the new law to become a licensed physician, on looking over the certificates of death in the City Clerk's Office while compiling these tables, I was astonished to find hundreds of certificates signed by such as attending physicians, whom I positively know not to be licensed according to law. Some certificates are signed by undertakers, and not a few by midwives. Hence it may be imagined that anything but uniformity prevails in the nomenclature of the records.

There are a few diseases which occur in the table under two names. This does not, however, infringe upon their general value. Under the head of *unknown diseases* there are 209 cases for 1854–5. Most of these were cases of cholera, and occurred from the first of August to the fourteenth, a period of two weeks, when the ordinance alluded to was not yet in force, and the records hence were incomplete. The actual number of cholera cases was much larger, and many fatal cases are undoubtedly enumerated under congestion, congestion of the brain, inflammation or other secondary affections.

Scarlatina.—In comparing the number of deaths from this disease during the three years covered by the tables, it will be seen that scarlet fever prevailed extensively as an epidemic during 1856-7. According to the United States Census, there died in the whole State of New Jersey during the year ending June 1st, 1850, of scarlet fever 121, the whole number of deaths being 6,465, giving a percentage of nearly 2 per cent. In the city of New York, out of 11,883 deaths in the same year, there died of scarlatina 167, or 1.412 per cent. From 1855–56, out of 1,540 deaths in Newark, there were 52 of scarlet fever (an increase of 20 over the previous year), yielding a percentage of 3.44 per cent., while in 1856–7, it rose to 277 in 2,055 deaths, or over 13 per cent. These 277 cases are distributed as follows:—

1856.		1857.	
August	7	January	45
September	11	February	14
October	31	March	19
November	50	April	18
December	65	May	8
		June	6
		July	3

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It will also be perceived that there was a marked increase in *measles* during 1856–7; an increase of 3 per cent. over 1854–5, and of 12 per cent. over 1855–56. In fact, measles prevailed epidemically during the spring of 1857, just when the scarlet fever epidemic began to abate.

The increase of pneumonia, bronchitis, congestion of the lungs, in the same year, is undoubtedly owing to some extent to the prevalence of these epidemics, as many died of these complications, and often physicians put down the secondary instead of the primary disease. The same remark applies to dropsy.

Treatment of Scarlatina and Measles.—There seems to be a growing inclination in the profession here, as everywhere, to "let alone" in these diseases, except to attend to such complications as may endanger the patient or render him uncomfortable. The cantharidal collodion is preferred to the emplastrum cantharides in children, and in children (if they must be blistered), the former should always be used. It acts more mildly, never causes a purulent or lymphatic blister, but always serous, and hence diminishes the danger of gangrene. I have seen excellent results from large doses of iodide of potassium in chronic anasarca, the sequel of scarlatina.

Table II. This table is not intended as a systematic and philosophical arrangement of the different classes of disease. To do this, more time would have been necessary than was at my disposal. It is merely intended to give a convenient glance at some of the most important classes of disease.

Table III. A slight but unimportant error has crept in the tables for 1854–5–6. Some stillborn cases are enumerated in months where they do not belong, while a corresponding deficiency is found in other months. The general result, however, is reliable. The error could not be corrected without examining the whole of the records in detail, for which the time was too short. In the table for 1856–7, the head "stillborn" has been stricken out, and the cases of this class entered in the column of "under 1 year." The cases of "stillborn" during this, as well as the previous year, may be found in Table I.

Table IV. No remarks.

Most respectfully yours,

CH. F. J. LEHLBACH.

Newark, *Jan.* 14, 1858.

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TABLE I.—*Classification of Deaths in the City of Newark from August 1, 1854, to August 1, 1857.*

No.	DISEASE.	1854–55.	1855–56.	1856–57.	Total.
1	Abortion	2	...	...	2
2	Abscess	1	2	7	10
3	Accident, not specified	4	6	11	21
4	" burned	5	11	9	25
5	" drowned	9	17	6	32
6	" fall	...	2	...	2
7	" freezing	...	...	1	1
8	" lightning	...	...	1	1
9	" shot	1	...	...	1
10	" sun-stroke	3	...	1	4
11	Albuminuria	1	5	...	6
12	Aneurism	...	...	1	1
13	Angina pectoris	1	...	...	1
14	Aphthæ	...	...	1	1
15	Apoplexy	26	27	17	70
16	" pulmonary	1	...	...	1
17	Asphyxia	8	3	2	13
18	Asthma	1	3	2	6
19	Atelectasis pulmonum	2	1	1	4
20	Blennorrhagia	2	...	...	2
21	Boils	1	...	...	1
22	Brain, disease of	...	2	1	3
23	" inflammation of	26	14	34	74
24	" softening of	2	...	...	2
25	Bronchitis	14	5	19	38
26	Cancer, not specified	3	7	7	17
27	" of rectum	...	...	1	1
28	" of stomach	...	...	2	2
29	Cancrum oris	1	...	2	3
30	Carditis	1	...	...	1
31	Catarrh	2	...	1	3
32	Childbirth	2	3	1	6
33	Cholera Asiatica	167	1	...	168
34	" infantum	136	95	82	313
35	" morbus	6	2	4	12
36	Cirrhosis	1	...	...	1
37	Compression of brain	...	...	1	1
38	" of lungs	...	1	...	1
39	Concussion of brain	...	...	1	1
40	" of spine	1	...	...	1
41	Colic	1	1	...	2
42	Congestion, not specified	...	3	2	5
43	" of brain	84	58	71	213
44	" of kidneys	1	...	...	1
45	" of liver	...	2	3	5
46	" of lungs	38	30	45	113
47	Constipation	2	1	...	3
48	Consumption	236	209	255	700
49	Convulsions	134	152	145	431
50	Croup	50	43	62	155
51	Cramp	...	...	1	1
52	Cyanosis	1	2	...	3
53	Cystitis	1	...	...	1
54	Debility	34	34	40	108
55	Delirium tremens	2	4	4	10
56	Diarrhœa	46	33	41	120

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TABLE I.—*Continued.*

No.	DISEASE.	1854-55.	1855-56.	1856-57.	Total.
57	Diarrhœa, bilious	1	...	...	1
58	Diabetes	...	1	1	2
59	Disease of breast	...	...	1	1
60	" liver	6	2	2	10
61	" lungs	...	...	1	1
62	" spleen	1	...	...	1
63	" stomach	...	...	2	2
64	" urinary	...	...	1	1
65	" of uterus	...	1	1	2
66	Dropsy	80	51	72	203
67	Dysentery	63	66	65	194
68	Effusion	...	1	...	1
69	Empyema	...	1	...	1
70	Endocarditis	...	...	1	1
71	Enteritis	31	17	34	82
72	Epilepsy	2	4	1	7
73	Erysipelas	4	6	6	16
74	Exposure	2	...	...	2
75	Fever, not specified	10	11	7	28
76	" bilious	5	3	...	8
77	" congestive	2	5	8	15
78	" infantile	...	...	1	1
79	" inflammatory	...	2	2	4
80	" intermittent	8	3	2	13
81	" puerperal	7	...	8	15
82	" remittent	10	4	7	21
83	" scarlet	32	52	277	361
84	" typhoid	28	28	22	78
85	" typhus	18	6	7	31
86	" yellow	1	...	...	1
87	Fungus hæmatodes	1	...	...	1
88	Gangrene	1	4	5	10
89	Gastritis	6	2	3	11
90	Gravel	1	...	...	1
91	Hæmatemesis	1	...	...	1
92	Hemorrhage, not specified	9	5	7	21
93	" from bowels	...	...	1	1
94	" " lungs	...	...	1	1
95	" " uterus	1	...	...	1
96	Heart, disease of	21	34	22	77
97	Hip disease	...	1	1	2
98	Hydrocephalus	24	38	60	122
99	Hydrothorax	11	4	...	15
100	Hysteria	1	...	1	2
101	Inanition	3	5	1	9
102	Imperforate anus	1	...	...	1
103	Indigestion	1	1	...	2
104	Infanticide	1	...	1	2
105	Inflammation, not specified	3	4	1	8
106	" of kidneys	1	...	...	1
107	" of liver	1	...	2	3
108	" of uterus	...	3	...	3
109	Injury	1	4	3	8
110	Insanity	1	...	2	3
111	Intemperance	2	1	4	7
112	Intestinal obstruction	...	...	2	2
113	Intoxication	1	1	1	3
114	Killed	...	...	1	1

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TABLE I.—*Continued.*

No.	DISEASE.	1854-55.	1855-56.	1856-57.	Total.
115	Laryngitis	3	4	2	9
116	Malformation	...	...	2	2
117	" of heart	4	2	1	7
118	Marasmus	110	71	92	273
119	Measles	12	3	36	51
120	Meningitis	1	4	4	9
121	Miscarriage	...	1	...	1
122	Mollites ossium	1	...	...	1
123	Murdered	2	2	2	6
124	Narcosis	...	...	1	1
125	Neglect	2	2	...	4
126	Neuralgia	...	...	1	1
127	Obstruction	1	...	...	1
128	Old age	15	10	11	36
129	Opisthotonos	...	1	...	1
130	Paralysis	13	16	17	46
131	Paraplegia	1	...	...	1
132	Pericarditis	1	1	...	2
133	Peritonitis	...	9	2	11
134	Pharyngitis	1	...	...	1
135	Phlebitis	1	...	...	1
136	Pleurisy	1	1	1	3
137	Pneumonia	85	66	117	268
138	Poisoned	2	1	3	6
139	Premature birth	15	17	9	41
140	Puerperal convulsions	1	1	...	2
141	Pustule maligne	...	...	1	1
142	Quinsy	1	...	...	1
143	Rheumatism	4	4	4	12
144	Rupture	...	...	1	1
145	Scrofula	7	5	8	20
146	Smallpox	2	...	10	12
147	Sore throat	1	2	2	5
148	Sore mouth	2	...	...	2
149	Sprue	1	1	2	4
150	Spine, disease of	...	2	2	4
151	" fracture of	...	1	...	1
152	Spasm of lung (?)	1	...	...	1
153	Stillborn	79	82	104	265
154	Stomatitis	2	...	...	2
155	Suffocation	3	...	7	10
156	Suicide	4	4	5	13
157	Syphilis	...	...	1	1
158	Teething	12	10	10	32
159	Tetanus	4	1	3	8
160	Thrush	1	...	...	1
161	Trismus	...	...	1	1
162	Tumor	...	1	1	2
163	Ulcer	5	1	1	7
164	Unknown	209	36	34	279
165	Varicella	...	1	...	1
166	Varioloid	...	...	1	1
167	Vomiting	...	...	1	1
168	Whooping-cough	35	27	22	84
169	Worms	1	...	...	1
	Total	2110	1540	2055	5705

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TABLE II.—*Mortality of Newark, N. J., Particular Classes, Aug.* 1, 1854, *to Aug.* 1857.

DISEASES OF BRAIN AND NERVOUS SYSTEM.	1854–55.	1855–56.	1856–57.	Total.
Apoplexy	26	27	17	70
Brain, disease of	...	2	1	3
" inflammation of	26	14	34	74
" softening of	2	...	...	2
Compression of brain	...	...	1	1
Concussion " "	...	...	1	1
" " spine	1	...	...	1
Congestion of brain	84	58	71	213
Convulsions	134	152	145	431
Cramp	...	...	1	1
Delirium tremens	2	4	4	10
Epilepsy	2	4	1	7
Hydrocephalus	24	38	60	122
Hysteria	1	...	1	2
Insanity	1	...	2	3
Intoxication	1	1	1	3
Meningitis	1	4	4	9
Narcosis	...	...	1	1
Neuralgia	...	...	1	1
Opisthotonos	...	1	...	1
Paralysis	13	16	17	46
Paraplegia	1	...	...	1
Tetanus	4	1	3	8
Trismus	...	...	1	1
	323	322	367	1012

RESPIRATORY ORGANS.	1854–55.	1855–56.	1856–57.	Total.
Apoplexy, pulmonary	1	...	...	1
Asphyxia	8	3	2	13
Asthma	1	3	2	6
Atelectasis pulmonum	2	1	1	4
Bronchitis	14	5	19	38
Catarrh	2	...	1	3
Compression of lungs	...	1	...	1
Congestion of lungs	38	30	45	113
Consumption	236	209	255	700
Croup	50	43	62	155
Disease of lungs	...	...	1	1
Empyema	...	1	...	1
Hemorrhage from lungs	...	...	1	1
Hydrothorax	11	4	...	15
Laryngitis	3	4	2	9
Pleurisy	1	1	1	3
Pneumonia	85	66	117	268
Sorethroat	1	2	2	5
Spasm of lung (?)	1	...	...	1
Suffocation	3	...	7	10
Whooping-cough	35	27	22	84
	492	400	540	1432

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TABLE II.—*Mortality of Newark—Continued.*

DIGESTIVE ORGANS.	1854–55.	1855–56.	1856–57.	Total.
Aphthæ	...	...	1	1
Cancer of rectum	...	...	1	1
" " stomach	...	...	2	2
Cancrum oris	1	...	2	3
Cholera Asiatica	167	1	...	168
Cholera infantum	136	95	82	313
Cholera morbus	6	2	4	12
Cirrhosis	1	...	...	1
Colic	1	1	...	2
Congestion of kidneys	1	...	...	1
" " liver	...	2	3	5
Constipation	2	1	...	3
Diarrhœa	46	33	41	120
" bilious	1	...	...	1
Disease of liver	6	2	2	10
" " spleen	1	...	...	1
" " stomach	...	...	2	2
Dysentery	63	66	65	194
Enteritis	31	17	34	82
Gastritis	6	3	2	11
Hæmatemesis	1	...	...	1
Hemorrhage from bowels	...	...	1	1
Imperforate anus	1	...	...	1
Indigestion	1	1	...	2
Inflammation of liver	1	...	2	3
Intestinal obstruction	...	...	2	2
Marasmus	110	71	92	273
Pharyngitis	1	...	...	1
Sprue	1	1	2	4
Stomatitis	2	...	...	2
Worms	1	...	...	1
	588	296	340	1224

FEVERS AND EXANTHEMATA.	1854–55.	1855–56.	1856–57.	Total.
Fever, not specified	10	11	7	28
" bilious	5	3	...	8
" congestive	2	5	8	15
" infantile	...	...	1	1
" inflammatory	...	2	2	4
" intermittent	8	3	2	13
" puerperal	7	...	8	15
" remittent	10	4	7	21
" scarlet	32	52	277	361
" typhoid	28	28	22	78
" typhus	18	6	7	31
" yellow (?)	1	...	...	1
Measles	12	3	36	51
Smallpox	2	...	10	12
Varicella	...	1	...	1
Varioloid	...	...	1	1
	135	118	388	641

RECAPITULATION.	1854–55.	1855–56.	1856–57.	Total.
Brain and Nervous System	323	322	367	1012
Respiratory Organs	492	400	540	1432
Digestive Organs	588	296	340	1224
Fevers and Exanthemata	135	118	388	641

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TABLE III.—*Mortality of the City of Newark—Age and Sex. From August* 1, 1854, *to August* 1, 1857.

1854–1855.	August.	September.	October.	November.	December.	January.	February.	March.	April.	May.	June.	July.	Total.
Whole number	373	325	209	152	115	117	112	140	143	131	108	185	2110
Males	203	173	121	92	60	56	59	91	84	75	57	106	1177
Females	170	152	88	60	55	61	53	49	59	56	51	79	933
Under 1 year	93	79	48	31	23	27	30	26	29	31	27	76	520
1–5	78	66	49	43	22	28	26	40	33	27	30	51	493
5–10	15	9	9	2	3	5	4	6	7	9	1	7	77
10–20	16	13	12	4	7	6	4	5	9	8	9	4	97
20–30	30	41	19	13	10	14	9	16	18	16	6	16	208
30–40	40	45	21	13	9	9	12	14	10	9	7	10	199
40–50	25	22	15	10	9	10	7	9	7	6	9	4	133
50–60	23	12	9	9	6	6	3	7	8	4	3	7	97
60–70	16	12	11	5	8	2	4	3	9	7	3	3	83
70–80	7	10	3	4	5	3	1	2	3	3	2	0	43
80–90	6	2	0	2	0	1	1	2	2	2	1	1	20
90–100	0	0	0	0	1	0	0	0	2	0	0	0	3
Unknown	15	9	5	2	4	3	4	4	2	5	4	1	58
Stillborn	5	6	9	14	8	3	8	6	4	4	7	5	79

1855–1856.	August.	September.	October.	November.	December.	January.	February.	March.	April.	May.	June.	July.	Total.
Whole number	211	181	137	93	111	108	96	111	137	107	91	157	1540
Males	119	92	68	51	54	61	51	61	75	62	54	97	845
Females	92	89	69	42	57	47	45	50	62	45	37	60	695
Under 1 year	75	62	40	19	21	21	22	24	43	23	25	54	429
1–5	56	45	45	20	25	23	17	28	24	24	13	27	347
5–10	11	7	3	3	8	4	13	0	8	4	3	4	68
10–20	7	10	5	3	3	7	1	3	11	4	6	7	67
20–30	12	23	9	10	10	14	10	11	12	11	8	11	141
30–40	15	5	10	12	10	8	1	4	8	8	9	9	99
40–50	4	7	6	6	5	8	7	6	4	5	4	5	67
50–60	8	3	1	4	6	4	6	6	6	7	2	8	61
60–70	6	9	2	3	5	2	4	6	3	6	7	3	56
70–80	3	2	1	2	6	2	4	1	2	3	0	4	30
80–90	2	0	1	0	0	2	1	2	1	0	1	1	11
90–100[1]	0	0	0	0	0	0	1	1	0	0	0	0	2
Unknown	10	5	6	5	5	7	5	11	6	1	3	15	79
Stillborn	2	3	8	6	7	5	4	8	9	11	10	9	82

[1] January—over 100, 1.

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TABLE III.—*Mortality of the City of Newark—Continued.*

1856-1857.	August.	September.	October.	November.	December.	January.	February.	March.	April.	May.	June.	July.	Total.
Whole number	214	209	191	181	214	175	144	174	163	165	114	111	2055
Males	110	110	99	94	113	94	72	109	81	88	65	59	1094
Females	104	99	92	87	101	81	72	65	82	77	49	52	961
Under 1 year	87	82	45	50	47	47	28	56	55	45	32	43	617
1–5	45	60	61	63	83	49	48	44	38	45	30	20	586
5–10	7	12	17	18	28	20	11	11	13	10	11	4	162
10–20	7	8	1	6	12	4	11	8	7	5	5	5	79
20–30	18	5	14	12	10	9	14	17	10	16	11	9	145
30–40	8	7	8	7	9	6	10	5	12	12	6	10	100
40–50	14	7	6	7	4	8	6	7	9	11	8	3	90
50–60	11	3	13	4	8	11	6	3	5	7	3	8	82
60–70	8	9	6	6	8	4	1	7	4	4	4	2	63
70–80	1	3	4	1	1	4	2	7	2	2	2	2	31
80–90	3	3	1	3	3	5	1	1	2	0	0	1	23
90–100	0	0	0	0	1	1	0	0	0	0	0	0	2
Unknown	5	10	15	4	0	7	6	8	6	8	2	4	75

TABLE IV.—*Mortality of the City of Newark. From August* 1, 1854, *to August* 1, 1857. *Nativity.*

PLACE OF BIRTH.	1854–1855.	1855–1856.	1856–1857.	Total.
United States . .	1519	1301	1761	4581
Ireland . . .	289	123	138	550
England . . .	61	24	40	125
Scotland . . .	13	2	8	23
Canada . . .	1	...	...	1
Germany . . .	214	83	96	393
Switzerland . .	1	...	2	3
Poland . . .	2	2	...	4
France . . .	8	4	7	19
At sea . . .	1	...	...	1
Unknown . . .	1	...	...	1
West Indies . .	...	1	...	1
Holland . . .	...	...	1	1
Europe . . .	...	...	2	2
Total . . .	2110	1540	2055	5705

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MEDICAL SOCIETIES AND HOSPITAL REPORTS.

ART. V.—*Proceedings of the Eleventh Annual Meeting of the Medical Society of the State of Pennsylvania.*

THE Society convened at Russell's Hall, in the City of Lancaster, at 11 A. M. on Wednesday, May 26, 1858, Dr. John L. Atlee, President, in the Chair.

Dr. F. A. Muhlenburg, of Lancaster, welcomed the delegates on behalf of the Lancaster County Society, as follows:—

GENTLEMEN OF THE STATE MEDICAL SOCIETY OF PENNSYLVANIA: The Lancaster County Medical Society have enjoined upon me the agreeable duty of expressing the pleasure and satisfaction they feel upon this the second visit of this Society, and cordially to tender the hospitalities of the city. The well-informed, moral, and Christian physician is received as an advisory member into all those families he professionally visits; we welcome you to our homes as such, and offer you the hand of fellowship. Ten years have elapsed since the first meeting of this Society in this city, and, although it has not increased as was then hoped, we trust it will slowly and surely develop its useful powers, accomplishing its final purpose of improving the science and elevating the professional character of its members. Glancing over this convention, many familiar faces are wanting; they have served their generation and gone to their final rest. The vacancies will soon be filled—society need not fear the want of a professional supply; the various schools are annually pouring out their products, and every variety of doctor is being made *secundum regulum et cum privilegio*, so that every hamlet and cross road will be abundantly supplied with representatives of allopathy, homœopathy, and all other pathies, until the excess bring on reaction as certainly as flood is followed by ebb.

The last Pennsylvania legislature were, no doubt, influenced by this general law of flux and reflux, in removing every legal restraint to the increase of intemperance, hoping that full enjoyment would restore reflection, and ultimately a healthy state of public sentiment, by which the moral evil would be removed. May this normal restorative process permeate every political, social, and professional organization in this our highly favored father-land; and may a beneficent Providence guide this people by unerring signs, as in olden time, to the ultimate fulfilment of their great destiny.

In conclusion, allow me to hope that this present reunion will be pleasant, and its reminiscences lasting.

The following delegates answered to their names:—

Beaver County.—Dr. Smith Cunningham.

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Blair County.—Drs. C. J. Hirst, Altoona, and D. S. Hays, Hollidaysburg.

Carbon County.—Dr. H. Ladd, Mauch Chunk.

Chester County.—Drs. W. W. Townsend, Chatham; W. H. Gunkle, Frazer; Edw. Maris; R. C. Stiles.

Lancaster County.—Drs. Henry Carpenter, P. Cassidy, M. M. Withers, Jno. L. Atlee, S. Parker, J. A. Ehler, and E. J. Bowman, Lancaster; S. Parker, Petersburg; John K. Raub, New Providence; A. Eshelman, Strasburg; Jno. M. Dunlap, Manheim; A. S. Bare, Bareville; A. R. Rohrer, Mountville; Isaac C. Weidler, Leacock.

Philadelphia County.—Drs. Jos. Carson, A. L. Kennedy, R. P. Thomas, W. B. Atkinson, Ellwood Wilson, Henry Hartshorne, C. P. La Roche, and D. D. Clark, Philadelphia.

Berks County.—Drs. P. G. Bertolet, Wm. Herbst, Martin Luther, and R. Winner.

Montgomery County.—Drs. Jno. Schrack and Wm. Corson.

Perry County.—Drs. J. E. Singer and Isaac Le Fevre.

Susquehanna County.—Dr. L. A. Smith.

York County.—Drs. G. L. Shearer, E. H. Pentz, and Jas. W. Kerr.

The President announced the death of Dr. Septimus A. Ogier, of Chester County, one of the Recording Secretaries, who was killed by a railroad accident last fall, and that it would be in order to fill the vacancy thus created. Dr. Jno. K. Raub, of Lancaster County, was elected.

The following resolution was adopted on motion of Dr. Carpenter:—

Resolved, That every facility be extended to the reporters of the public press for taking accurate reports of the proceedings of this Society.

On motion of Dr. A. L. Kennedy, the following programme to govern the sessions of the Society, as prepared by the Committee of Arrangements of the Lancaster County Society, was adopted:—

WEDNESDAY.

Morning.—Society convene at 11 A. M. Continue in session till 1 o'clock P. M.

Afternoon.—Convene at 2½ P. M. Adjourn at 5½ P. M.

In the *evening* visit Reservoir and Prison.

Entertainments will be given in the evening, at 8 o'clock, by the following gentlemen: Drs. F. A. Muhlenburg, J. L. Atlee, and Henry Carpenter.

THURSDAY.

Morning.—Visit the Steam Cotton Mills at 8 o'clock. Morning session will continue from 9 A. M. till 1 P. M.

Afternoon.—Carriages will be in waiting at the Hall at 1 o'clock P. M. to convey Delegates to Franklin and Marshall College, from thence to State Normal School at Millersville, and from thence to Wabank on the Conestoga, where they will be entertained by the members of the Lancaster City and County Medical Society.

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On motion of Dr. Carpenter, the Chair appointed Drs. Corson, Cassidy, and La Roche, a Committee on Credentials, and a committee of three to examine the minutes and report any unfinished business that may come in order.

The President then delivered the annual address; he referred to the benefits of associated efforts, and passed in review the history of this Society. It was organized in consequence of an invitation from some County Societies, on the 11th of April, 1848, in the City of Lancaster. Since that time the venerable President of the first session (the preceptor of Dr. Atlee), together with many others at that time lending their aid to the Association, are numbered with the dead.

He alluded to the necessity of a strict unwavering adherence to the Code of Ethics of the American Medical Association, adopted by this Society. Punishment should immediately follow every violation.

He spoke forcibly on the subject of *abortion*, which is increasing to so fearful an extent, and dilated on the duty of the profession in relation to this crime. He considered many of the profession entertained erroneous views on this point—believing that we may do evil that good may come—which allows them to commit a fearful crime.

Again, many were in the habit of addressing the heart rather than appealing to the intelligence. Hence, a crime may be looked upon as a *folly*, and a grave offence allowed to go unpunished. These abuses should not be tolerated, and every one be held responsible to the strictest construction of the Code of Ethics.

He mentioned the many and important changes that had occurred within the time that he had been engaged in practice, about forty years, and gave a few words of advice in conclusion.

On motion of Dr. Schrack, a vote of thanks was tendered to the President for his address, and a copy solicited for insertion in the Transactions.

The following resolutions were adopted, on motion of Dr. John L. Atlee:—

Whereas, It has pleased Providence to remove from us Dr. SEPTIMUS A. OGIER, one of the recording secretaries of this Society, who, while engaged in the practice of his profession, met with a violent death from a collision with a railroad car, in October last;

And whereas, Dr. Ogier, by the courtesy of his manners, his scientific attainments, his ardent pursuit of his profession, and highly estimable character as a man had acquired the esteem and respect of his professional brethren; be it therefore

Resolved, That this Society has heard with profound regret of the melancholy and sudden death of its Recording Secretary, Dr. Septimus A. Ogier, and will cherish the memory of his virtues as a man and professional brother.

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Resolved, That the Corresponding Secretary of the Society be requested to communicate to the family of Dr. Ogier a copy of the above preamble and resolutions.

On motion, the Society immediately adjourned as a token of respect to the memory of the deceased.

AFTERNOON SESSION.

Invitations were received and accepted from Prof. Wickersham, Principal of the Lancaster County Normal School, and from Prof. Gerhart, President of Franklin and Marshall College, to visit those institutions.

On motion of Dr. A. L. Kennedy, of Philadelphia, a committee of one from each county represented was appointed to nominate officers for the ensuing year, and to designate the next place of meeting, each delegation to choose its own member. A recess of five minutes was allowed for this purpose.

This committee as announced, consisted of Drs. Kennedy, Philadelphia; Cassidy, Lancaster; Townsend, Chester; Shrack, Montgomery; Singer, Perry; Cunningham, Beaver; Hays, Blair; Smith, Susquehanna; Ladd, Carbon; Bertolet, Berks; and G. L. Shearer, York.

Dr. R. P. Thomas, Philadelphia, the Treasurer, read his annual report, which was referred to an auditing committee, consisting of Drs. Carson, Cunningham, and Townsend. In connection with this, letters were read from Lehigh, Lawrence, Bucks, and Alleghany Counties, showing their Societies to be in a languishing condition.

The President read a circular addressed to the Society by a committee of the State Medical Society of Indiana, requesting an interchange of Transactions, and the secretaries were directed to forward copies of the Society's Transactions.

On motion, Dr. Shultz, Physician to the State Lunatic Asylum at Harrisburg, and those members of the Committee of Arrangements not delegates, were invited to take seats and participate in the proceedings.

Dr. R. La Roche, of Philadelphia, presented a memorial from the "Philadelphia Medical Society," founded in 1792, requesting a representation in the State Medical Society, based upon the number of its members, who are not, at the same time, members of the Philadelphia County Medical Society, and offering resolutions to that effect. After much discussion, it was, on motion of Dr. Thomas, postponed till next year for consideration at the next session. Dr. Carpenter, of Lancaster, offered the following amendment to the constitution, which was laid over under the rules, viz., to add to the article concerning County So-

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cieties, the words, "*Provided*, that in counties whose population will admit of it, the profession shall have the right or privilege to form an additional society for every 200,000 inhabitants; no person being permitted to hold membership in more than one County Society; and such societies to be numbered according to seniority.

The report of the Committee on Meteorology was read by Dr. A. L. Kennedy, with a communication from Prof. Henry, Secretary of the Smithsonian Institute, in regard to the difficulty of obtaining correct observations upon the electrical state of the atmosphere.

On motion of Dr. R. P. Thomas the nominating committee was directed to propose the names of three members to represent the Society in the convention to meet at Washington, in May, 1860, to revise the United States Pharmacopœia.

Dr. Carpenter, from the Committee on last year's minutes, reported items of unfinished business.

Invitations were extended to the delegates to visit the residences of Drs. Muhlenburg, Atlee, and Carpenter, in the evening.

Adjourned.

THURSDAY MORNING.

The Society assembled at 9 o'clock. Minutes were read and approved. Sanitary reports were read from the following counties, viz: Beaver, Berks, Blair, Carbon, Chester, Lebanon, Montgomery, Perry, Schuylkill, and Susquehanna, and referred to the Committee on Publication.

Biographical notices of the late Drs. S. A. Ogier, E. Gatchell, and R. B. Dilworth, accompanied the report from Chester County.

On motion of Dr. Cunningham, the Committee of Publication was instructed to print the constitution of the Society with the Transactions for the present year.

On motion of Dr. Raub, the Code of Ethics was directed to be added.

Drs. Condie and Emerson were continued a committee to procure a supply of original vaccine virus.

The Committee of Publication reported that the funds of the Society did not admit of the publication, at present, of the Form of Record, for private medical statistics, referred to that Committee last year. On motion of Dr. Ehler, the subject was again referred to the Committee, at its discretion.

The President and other officers of the Society were, on motion of Dr. Carpenter, continued as a committee to increase and extend the organization of the profession throughout the State.

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The following resolution was received from the Philadelphia County Medical Society, in reply to a reference made, at the last meeting, to the different County Societies:—

Resolved, That it is inexpedient to urge, at present, the passage of the resolutions submitted to the State Medical Society in reference to the meetings and basis of representation in the American Medical Association.

The Nominating Committee reported the following list of officers for the ensuing year, who were thereupon unanimously elected:—

President.—Dr. Smith Cunningham, Beaver County.

Vice-Presidents.—Drs. Henry Carpenter, Lancaster; Isaac Lefevre, Perry County; Wm. Corson, Montgomery County; W. H. Gunkle, Chester County.

Corresponding Secretary.—Dr. Joseph Carson, Philadelphia.

Recording Secretaries.—Drs. Henry Hartshorne, Philadelphia; John K. Raub, Lancaster County.

Treasurer.—Dr. Robert P. Thomas, Philadelphia.

Censors.—First and Second Districts.—Drs. A. S. Bare, Lancaster County; P. G. Bertolet, Berks County; Wm. D. Hartman, Chester County; Hiram Corson, Montgomery County; Charles Martin, Lebanon County; Horace Ladd, Carbon County; B. Richardson, Susquehanna County; William Mayburry, Philadelphia.

Third and Fourth Districts.—Drs. William R. Findlay, Blair County; J. B. Luden, Huntingdon County; C. J. Hirst, Blair County; Jos. Henderson, Mifflin County; Jas. Galbraith, Perry County.

Fifth and Sixth Districts.—Drs. J. Wishart, Washington County; G. W. Allison, Beaver County; D. Leasure, Lawrence County; J. P. Gazzam, Alleghany County.

Delegates to American Medical Association.—Drs. P. Cassidy, Lancaster; W. W. Townsend, Chester County; P. G. Bertolet, Berks Co.; S. Cunningham, Beaver County; John Schrack, Montgomery County; D. S. Hayes, Blair County; R. La Roche, Philadelphia; L. A. Smith, Susquehanna County; J. E. Singer, Perry County; Horace Ladd, Carbon County.

Committee on Publication.—Drs. A. L. Kennedy, W. B. Atkinson, C. P. La Roche, Philadelphia.

Delegates to reform Pharmacopœia.—Drs. J. Augustus Ehler, Lancaster County; Wilmer Worthington, Chester County; W. R. Findley, Blair County.

The Committee designated Philadelphia as the place for the next meeting of the Society; which was, on motion of Dr. Ehler, of Lancaster, approved.

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Dr. Henry Carpenter proposed an amendment to the Constitution, altering the time of the annual session to the second Wednesday in June; and there being no objections, it was unanimously adopted.

On motion of Dr. Hartshorne, the Chair appointed Drs. La Roche and Ehler a committee to conduct the officers just elected to their stations. This being done, Dr. Cunningham, the President, acknowledged the unexpected compliment in an appropriate manner, regarding it as more of a compliment to the Society which he represented in this body, than to himself. He spoke of the responsible and noble mission of the physician, who should be, practically as well as in theory, the Good Samaritan of society.

A copy was solicited for publication.

On motion of Dr. Schrack, the thanks of the Society were tendered to the retiring officers.

On motion of Dr. Kennedy, the thanks of the Society were also tendered to the Committee of Arrangements, and other citizens of Lancaster, for their numerous polite attentions to the members; to the authorities of Franklin and Marshall College, and the Lancaster County Normal School, for invitations to visit those institutions; and to the Pennsylvania Central and Reading Railroad Companies, for facilities in coming to and leaving the Convention.

On motion of Dr. La Roche, the Society adjourned.

The number of delegates in attendance this year was, on account of the inclemency of the weather and other causes, unusually small, but they have been nowhere more generously received, than by the profession and citizens of Lancaster.

After the adjournment of the Society, the delegates were conveyed in carriages to Franklin and Marshall College, to the Lancaster County Normal School, and thence to Wabank, a delightful spot for summer resort on the banks of the Conestoga, where an elegant entertainment awaited them, as the guests of the Lancaster County Medical Society. We feel confident that the Lancaster medical fraternity will be long remembered by the State Society.

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REVIEWS AND BIBLIOGRAPHICAL NOTICES.

ART. VI.—*Elements of Inorganic Chemistry, including the Applications of the Science in the Arts.* By THOMAS GRAHAM, F. R. S., L. and E., late Professor of Chemistry in University College, London. Edited by Henry Watts, B. A., F. C. S., and Robert Bridges, M. D. Philadelphia, Blanchard & Lea, 1858: pp. 852.

THIS valuable work is published in the usual style of B. & L., on fine white paper, with clear, good sized type, and well illustrated with some two hundred wood engravings. It contains six chapters, treating as follows: 1. Heat; 2. Light; 3. Chemical Nomenclature, &c.; 4. Chemical Affinity, &c.; 5. Elementary Substances; 6. Metallic Elements—as metallic bases of the alkalies; of the alkaline earth; of the earths; metals proper (protoxides isomorphous with magnesia); other metals proper (isomorphous relations with magnesian family); metals isomorphous with phosphorus; metals whose oxides are not reduced by heat alone; metals whose oxides are reduced by heat; metals in native platinum.

To this is added a supplement of about two hundred pages on heat, light, electricity, chemical notation and classification, relations between chemical composition and density, between composition and boiling point, chemical affinity, diffusion of liquids, osmose, development of heat by chemical combination, non-metallic elements, metals of the alkalies and earths; thus bringing the subject down to the present time.

Of all the branches of study pursued in our medical schools, students care least for Chemistry. It may be that for a short time they are attracted and interested by some brilliant experiments, but finally they come to consider it very dry, with its formulas, reactions, &c. &c. When, some years ago, Prof. Kennedy inaugurated a school of practical chemistry, with the idea that each student should perform for himself the experiments after the lecturer, we indulged a hope that it would be successful, and that students would come to regard such a course as important as one in a dissecting room. We venture to say that of the large number of young men who are annually sent forth as M. D.'s, the larger part are possessed of a very small amount of chemical knowledge. We do not wish to be considered as thinking chemistry important beyond other branches of medical science, but to impress upon the medical public the deficiency of our profession in this point. Circumstances are continually arising where chemical knowledge may save life, or prevent

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years of suffering; and every physician should possess that knowledge, and be prepared to apply it. Even after graduation, the physician finds it necessary to be well prepared with books of reference on this subject, and more especially when located in the country, where a chemist cannot be obtained at short notice.

No British chemist stands higher than Prof. Graham; his researches on phosphoric acid, which he well terms "one of the links by which mineral and organic compounds are connected," have long been ranked among the most valuable contributions to chemical knowledge. The clear perception of truth, and the habit of rigorous investigation which they manifested, characterize his *Elements of Chemistry*. The style is concise, perspicuous; the subjects are duly subordinated, and the important properties of substances are distinctly and judiciously stated. In the supplement by Watts, the subjects embraced in the first volume of the London edition are brought up to the most advanced condition of the science. The articles on the nature and manufacture of aluminum; on the unity of heat developed by chemical action; on the absolute mechanical measure of the force of the electric current; and on the measurement of the chemical action of light, are based on the latest reliable discoveries, and attest the judgment and discrimination of the English editor. To all we can recommend the work now before us as presenting, in a clear form, each and every subject connected with Inorganic Chemistry.

ART. VII.—*Outlines of a Course of Lectures on the Principles and Practice of Surgery.* Delivered by E. GEDDINGS, M. D., Professor of Surgery in the Medical College of the State of South Carolina. Prepared by Thos. S. Waring, M. D., and Samuel Logan, M. D., from notes taken during the course. Published with the consent of, and revised by Prof. Geddings. Charleston: S. G. Courtenay & Co., 1858. pp. 560.

THE general appearance of this volume is every way creditable to the publishers, Messrs. Courtenay & Co. The typography, &c., are excellent; if there is anything in the "getting up" to complain of, it is the binding. We much prefer to see medical works bound in calf.

This work must be read and reviewed with the fact plainly before us, that it is not the production of Prof. G. with a view to publication. Having been prepared from notes taken at his lectures by two of his students, and his lectures being "entirely extemporaneous," it is not to be looked upon as a fair sample of what Prof. G. could give us if he should attempt to publish a work on this subject. Keeping all these

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things in view, we are disposed to judge leniently of what few faults we may find.

The editors have endeavored to supply any deficiencies occurring in the course of the work from the lecturer not having treated upon subjects which were deemed of importance in a book for the public, but not mentioned from want of time during the regular course.

There is a peculiar freshness about it that we rather fancy. The lecturer speaks out boldly concerning any difference of opinion between himself and others, and gives a fair record of all that may have been said either to favor or oppose his ideas.

He speaks of the "new method" of reducing dislocations of the hip, viz., by manipulation, as follows: "As I have already stated, however, I prefer the plan which I will now proceed to explain, and in which the muscles are made instrumental in the reduction. In the first place, in the dislocation upwards and backwards, on the dorsum of the ilium, the *rotator* muscles are put on the stretch. Bearing this in mind, let us consider what would be effected by *flexing the thigh on the body, and the legs on the thigh.* If you recollect the origins of these muscles, and their common insertion into the digital fossa, you will readily perceive that by the flexed position of the femur, their influence is brought to bear upon the upper extremity of the bone in a more perpendicular direction towards its axis, and consequently is exerted to much greater effect. In fact, with so much effect is it exerted, as to draw the head of the bone down towards the acetabulum, and you accomplish the reduction then by simply raising the head up to clear its edge, at the same time applying a rotatory motion. Thus, without any compound pulley, or any complicated apparatus, you may succeed by taking advantage of the very muscular action, for overcoming which these apparatus are employed. This method is not a new one, but is a century old; and yet you can hardly take up a medical or surgical journal without seeing some allusion to the 'new method of reducing dislocation of the femur upwards and backwards.' This method has been taught in these lectures, annually, for eighteen years."

How often does it occur, that medical men have for years been employing some particular plan of treatment without caring to give it to the public, and then, when some more enterprising brother comes out with a detail of this mode of treatment, are ready to claim it as their own. We do not wish to censure Dr. Geddings in thus announcing his claim to priority, but make the remark in good feeling, having been forcibly impressed by the great number of such instances within a short time.

Speaking of coxalgia, he boldly counsels the puncture of the joint,

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in order to evacuate any collection of pus that might be present. He says:—

"A *purulent* collection, whether located in the neighboring tissues, or in those comprised within the joint proper, should always be evacuated. You should remember, however, that the constitution, previously but little if at all affected by the local disease, may soon become so, from the admission of atmosphere into the cavity of one of the *larger* joints. If it should become expedient to puncture such a joint, you should, therefore, be ready to support your patient, and to fortify his constitutional powers by the use of an invigorating diet, and the judicious administration of tonics, or even stimulants, according to the exigencies of the case."

We notice occasionally some terms, which may be produced by typographical errors, but present a singular appearance, and leave the reader in doubt, for a moment, as to what is intended, as "cloatræ," by which is meant "cloacæ," &c. But these are minor faults, and, in the event of a second edition, we expect will be carefully weeded out.

In speaking of the ear and its affections, we see that he counsels the removal of cerumen by means of the "ear-pick," having softened the hardened wax by warm water injections. We opine that this little instrument has done more harm than all its advantages can counterbalance, and regret that so distinguished a surgeon should countenance a resort to such a dangerous instrument.

The insertion of artificial drums, as of gutta percha, does not seem to meet with much favor from Prof. G., and he prefers moistened cotton. In this, he is behind the age, as these drums are coming more into favor every day, and the cotton is almost entirely discarded.

As a whole, there are many reasons to wish that Prof. Geddings had undertaken the work himself, and presented to the medical world an American work on Surgery which would have been an honor to himself, and a desirable acquisition to every medical man.

It cannot be expected that a book, published under the circumstances which have occurred in connection with this, can prove of that importance which would be anticipated, when associated with the name of the learned professor. We hope at no distant day, he will take the work in hand himself, and present us a complete treatise on all the branches of Surgery; a task which he is fully able to accomplish, and the profession has a right to expect. Too many of our best men leave the busy scene, and, except by the records of their teachings, or some few essays, leave nothing which may prove of permanent advantage to the profession at large.

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ART. VIII.—*Contributions to Operative Surgery and Surgical Pathology.* By J. M. CARNOCHAN, Prof. of Surgery in N. Y. Medical College, &c., with illustrations drawn from nature. Philadelphia: Lindsay & Blakiston, 1858.

WE have before us No. 1 of a series of ten, of quarto size, containing two plates. Each will have the same number of plates, with from thirty to sixty pages of letter-press, and will be issued quarterly. The present number treats of amputation of the lower jaw, and elephantiasis Arabum, successfully treated by ligature of the femoral artery. Cases are related in detail. The plates are finely drawn and colored. The whole, when complete, will make a valuable volume. These treatises have appeared previously in the *New York Journal of Medicine*, and will therefore appear somewhat familiar to the profession. Dr. Carnochan is Surgeon in Chief to the State Emigrant's Hospital, and thus has ample material for his work. We shall look with impatience for the completion of the first volume.

☞ The following works have been received too late for extended notice in this number:—

Transactions of New York State Medical Society for 1858.

Primary Pathology, by M. L. Knapp, M. D., 2 vols.

☞ Our thanks are due to Prof. M. Paine, for a copy of his "Medical and Physiological Commentaries," making a valuable addition to our library.

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EDITORIAL.

ELEVENTH ANNUAL MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

We have the pleasure of spreading before our readers, as is our wont, a full and complete record of the proceedings of the American Medical Association, at its recent annual session in the city of Washington. For so complete a record, we are indebted to the courtesy of the Secretaries, Drs. A. J. Semmes, of Washington, and S. M. Bemiss, of Louisville, Ky.

It is unnecessary for us to speak of the doings of the session, as they can be learned from the minutes. Suffice it to say that the meeting was, in point of numbers, and in the standing and talents of a large majority of its delegates, an imposing one, and well calculated to reflect credit on the profession of our country. Nor did anything transpire to reflect unfavorably on the profession, in spite of the fact that some very exciting questions, which had long been "nursed," came up for adjustment.

Having always regarded the Association as one of the important "Institutions" of our country, we contemplated one thing with a good deal of pride and satisfaction, viz: its exhibition of *moral power*—a quality whose existence has been questioned by some hitherto, but which we trust has been now forever set at rest. Men who dared to defy the power of local societies, quailed before the representative wisdom and respectability of the country, and in the most humble manner craved pardon for having departed from a strict construction of those ethical rules and regulations, which, by common consent, the world over, are regarded by the profession as vital. The time devoted to the settlement of this question was well spent, for we doubt whether the Association will ever be called on to go over the same ground again.

The Medical Colleges are to brood over a report on medical education, made by Dr. James R. Wood, of New York, until the next meeting of the Association, at Louisville, Ky. What they

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will *hatch* remains to be seen. As indirectly bearing on this subject, we trust that the series of resolutions presented by the delegates from the Medical Society of New Jersey, will be favorably received.[1]

Throughout the session, even during the most exciting debates, there was a vast amount of good feeling exhibited, and the meetings were pleasant and profitable.

The Committee of Arrangements are deserving of all praise for the very perfect manner in which they provided for the entertainment of the members. The social gatherings at the President's mansion, and at the residences of Drs. Tyler, Riley, Miller, Garnett, Johnston, Boyle, May, and Senator Douglas, with the excursion down the river to Mount Vernon, will long be remembered by those who participated in them.

There is one thing that we fear will operate against the permanent establishment of the Association in Washington, or even its frequent meeting there, and that is the extravagant charges to which delegates are subject in that city. There was much cause for complaint on this score. Delegates were also grievously imposed upon by the agents on some of those lines of railway which furnished them with excursion tickets. For instance, in Baltimore and in Philadelphia, in being transferred from one depot to another, those who had excursion tickets were driven into the ordinary public conveyances, in which they had to pay extra fare, whereas their tickets ought to have entitled them to transportation in the company's vehicles. There seemed to be an evident disposition to make the most off of delegates, while preserving a character for generosity in giving excursion tickets. In consideration of the fact that medical men have no public exchequer to fall back upon for mileage, these extras are burdensome.

The next meeting is to be held at Louisville, Ky., when important questions are to come before the Association. Reader, may we be there to see!

N. B. We are requested by the Secretaries to state that if there are any inaccuracies in the list of delegates, in the omission of names or

[1] These resolutions were published in the March No. of the Reporter. They involve a change in the Constitution, and are to be acted on next year.

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otherwise, a note of the fact communicated to Dr. F. G. Smith, Philadelphia, Chairman of Committee of Publication, *will receive attention.*

ELEVENTH ANNUAL SESSION OF THE STATE MEDICAL SOCIETY OF PENNSYLVANIA.

By the kindness of the Secretaries, Drs. H. Hartshorne and John K. Raub, we are enabled to give our readers complete minutes of the proceedings of this Society. In consequence of the close proximity of this and the meeting of the American Medical Association, a number of delegates were prevented from attending.

By our Lancaster friends, and the citizens generally, we were most cordially welcomed, and everything was done to promote the comfort of the delegates.

Delightful entertainments were given by Drs. Atlee, Muhlenburg, and Carpenter, and by the Lancaster Co. Medical Society, at Wabank.

BACK NUMBERS.—In answer to numerous inquiries, we would say that we *can* furnish back numbers of the current volume to a limited extent. Also, a few sets of back volumes from the commencement.

PHILADELPHIA CO. MEDICAL SOCIETY.—The reports of the meetings of this Society will be resumed when it resumes its monthly conversational meetings, which will be in September. *This* in answer to inquiries.

PROFESSIONAL CHANGE.—We have been informed that Prof. T. G. Richardson, of the Anatomical Chair in the Pennsylvania School, has resigned, and received an appointment in the New Orleans School of Medicine.

☞ WE must ask the indulgence of our readers for once more appearing late in the month. The unusual amount of matter in this number, and the fact that we have been removing our residence from Burlington, N. J., to this city, are sufficient to account for it, and we trust will be accepted as a satisfactory excuse. We hope that hereafter we shall be punctual.

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☞ We have the pleasure of presenting, this month, *as extra matter*, the report from Essex Co., N. J., to the State Medical Society, in January last. This report ought to have appeared in the March No. of the Reporter, with the rest of the transactions of that Society, but no provision was made for it, and it had to be omitted for the time. It has features of interest to all our readers, and we commend it to their notice.

☞ For the accommodation of our *subscribers*, the editors of this journal will undertake to attend to the purchase of books, making up and binding files of journals, etc., in which the interests of our subscribers will be consulted.

☞ Exchanges will confer a favor by directing to the "*Medical and Surgical Reporter*," as there is a publication in this city entitled "Medical and Surgical Journal." Unless care is taken in directing, confusion may result.

☞ We are compelled to omit a large number of valuable abstracts, prepared for this number, in consequence of the large space occupied by Proceedings of Associations. If there is room for any, they will be inserted at the end of the number.

EDITORIAL CORRESPONDENCE.

BOSTON.

Boston, *May 11th*, 1858.

POLITICAL PHYSIC.

A new order of things has been instituted in Massachusetts. A man's medical ability, if in charge of a public institution, is to be judged by his party politics. The Rainsford Island Hospital has been for a long time, indeed since its establishment as a State hospital, under the care of Dr. J. R. Lothrop, who has had the respect and confidence of his professional brethren. He has never been a politician; for with us politics and medicine have heretofore had no connection. The intimation that he was about to be removed to make a place for some one else, was not believed by any one till a day or two before Gov. Banks turned him out. There was at once a petition in his favor circulated, and

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signed by every physician who saw it. Democrats, Republicans, old Whigs, and those who despised all politics, put their names down. But it was too late. Dr. Lothrop was removed, and a man called Dr. Barker was appointed in his place. Whether this gentleman ever had a medical education is more than I know. He was not a member of the Massachusetts Medical Society, and for years had held a subordinate situation in the Boston Custom-House. Turned out from that, he changed his politics and became a Gardner man. Gardner's star becoming dim, he dropped that creed and became a Banks Republican. His practice for two or three years—that is, since he left the custom-house—has been what he called homœopathic. I think that his practice has really been as small as his pills. A change for political opinion's sake has also been made in the office of Surgeon to the State's Prison, Dr. Morris having been removed to make way for some one else; not for a homœopath, however, for the governor, I believe, does not trust himself to that class. Not medical faith, but political creed is, in his eyes, the true qualification for a physician.

The Republican physicians who voted for Banks will probably few of them repeat their deed, and I am told that a few of them indulged in expletives and took his name in vain. Those who didn't vote for Banks say, "I told you so."

What a cŏmfort it is to hold no office to be turned from! You can vote as you please. You can turn up your nose at the governor, and if you think the council are asses, why you can say so, and neither lose anything by it nor tell a lie.

MASSACHUSETTS GENERAL HOSPITAL.

There are rumors of changes in this institution. The present superintendent, it is said, is to retire. The house physicians and surgeons are to be *externes* and not *internes*, as heretofore. A Resident Physician is to be appointed, who will have the sole charge of the establishment, after the daily visits have been made. The nurses will be better looked after, and the medical and surgical officers will no longer be bothered by the superintendence of an ex-sea captain. As I have had some little experience as a hospital officer, in a hospital which was under such superintendence, I can fully comprehend the relief that will be given to the medical and surgical staff.

SHIP FEVER.

It is said also that there has been ship fever of late in the Massachusetts General Hospital. One of the house physicians has died, and

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several nurses have been very sick. It is not common for such diseases to get into the house, but as we have not sufficient accommodations, indeed no free city hospital, and are not likely to have during the present generation, it must sometimes happen that troubles will creep into the only hospital we have. Indeed, puerperal cases manage to get in upon the sly; but then we have no lying-in establishment, and such offences will come. If we had a proper lying-in hospital, unmarried women would certainly prefer it to the General Hospital, as much as they appear to prefer that to Deer Island.

MASSACHUSETTS MEDICAL COLLEGE.

The college has nominally been making an extensive change in its plan. There was a time, you know, when they thought a four months' course as good as one of six months recommended by the American Medical Association. They have gone to the other extreme now, and adopted a full year's course. It reads well on paper. But you know how little, in general, is to be trusted of what we read in circulars. The fact is that the school at Cambridge, by its superior advantages, has driven the college into this. That school, so far as I can judge, stands very far in advance, and will continue to do so, till radical changes are made in the Boston school. C. E. B.

ABSTRACTS.

1. *Epilepsy treated with Digitalis.*—Dr. W. M. Cornell, of Massachusetts, in the *Charleston Medical Journal and Review*, May, has a paper on the subject of epilepsy and epileptiform convulsions, with a number of cases treated with digitalis. Foxglove, as was stated in the *Dublin Hospital Gazette*, 1845, has been much used empirically in Ireland. There it was used in enormous doses, and often so as to produce dangerous effects. Dr. Cornell has been employing it since 1845, particularly in those cases which presented a highly excited state of the nervous system, with quick pulse, much alacrity of motion, when the patient would be denominated *nervous*. His formula is: Pulverized leaves ʒj; boiling water, half a pint; to which may be added powdered cinnamon ʒj; infuse eight hours and strain. He commences with a teaspoonful three times a day, and gradually, during the week, increases to double the dose. This treatment is followed from three to six months, watching the patient carefully. Sometimes it produces nausea, diarrhœa, etc.,

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very early, but generally not before a decided effect has been produced upon the circulation.

He infers from his observations in the use of digitalis, that the profession are in error in reckoning it among the diuretics, as no such effect was produced in any of his cases.

He has also used, in place of the digitalis, the *sanguinaria canadensis*, though not with the success obtained by the use of the former. *Seventy-five* per cent. of his cases treated thus were relieved, and *fifty* per cent. permanently cured.

In some cases, blisters were found of great advantage, when digitalis failed. In others, he employed "stretching of the muscles powerfully" to prevent attacks, as opening the jaws widely, by means of an iron wedge, etc.

In the use of the digitalis, he very judiciously enjoins great care in the treatment, and close watching to prevent the evil results which may possibly ensue from this article.

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2. *Congenital Ascites.*—The following case (*Gaz. Hebd.*) was communicated to the Obstetrical Society at Berlin by Professor Virchow :—

The mother, aged thirty years, had cleft palate. She had given birth to six children, of whom the first did well; the three last died shortly after birth—all three of ascites. During her last pregnancy the woman was in good health, labor was easy, and followed by the escape of a great quantity of water (liquor sanguinis?); the placenta was of enormous size; the fœtus seemed to have arrived at the neighborhood of seven months; its abdomen was strongly distended by a brown-reddish liquid; the intestines were to a great extent covered with fibrinous flocculi; the mesentery was rigid and retracted, as by a cicatricial tissue; liver and spleen were large; the other organs healthy.

Virchow calls attention to this case in connection with the cases published by Simpson. It shows the existence of a peritonitis produced by an hereditary influence, which we are forced to ascribe to a permanent, though unknown, difficulty in the maternal organism. In other cases, this etiology cannot be adopted when f. i. of twins, with but one cord, one is found dropsical, and the other not, as has been observed by Simpson. L.

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3. *A Peculiar Nervous Affection.*—M. L. Sandras (*Gaz. Hebd.*) communicated the following interesting case in a *mémoire* to the Academy of Sciences at Paris :—

The patient was a brother of the author, who, at the age of eleven years and three months, suddenly and without any known cause, expe-

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rienced an alteration of vision, which rendered reading impossible, though it did not hinder him from distinguishing objects which surrounded him. This accident, which frequently returned for three years (from September 19th, 1854, to August, 1857), and the duration of which varied from a few hours to months, was habitually accompanied by intense cephalalgia; but aside from this there was no disturbance of the intellect whatever. Different modes of treatment, resorted to according to the supposed causes, seemed to be wholly ineffective; recovery took place during the use of sea baths. The last attack offered this peculiarity, that after reading a little while a sort of fatigue came over his vision, which manifested itself by obliging him to bring the book nearer and nearer to the eyes. L.

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4. *Herpes Circinatus communicated by a Horse affected with Herpes Tonsurans.*—We have, in a previous number of the REPORTER alluded to a discussion on this subject in the Academy of Medicine in Paris. On that occasion, M. Reynal related a case where herpes circinatus had been developed in a man from contact with a horse suffering from herpes tonsurans. The following observation of Dr. Calligo, quoted from the *Gaz. Med. degli Stati Sardi*, is recorded in the *Gaz. Hebdom.*, and exemplifies strikingly the analogy in the nature of these two diseases.

M. Calligo had been invited to visit the coachman of Count C——, who, on his right hand, particularly on the index and middle fingers, had a vesicular eruption, disposed circularly, and embracing a portion of skin perfectly sound. The patient was a young man of sanguineo-bilious temperament, athletic constitution, twenty years of age. No member of his family had ever had an herpetic affection. Only two months ago he had observed the eruption, which had gradually increased, and particularly after having curried an English horse having an eruption on the superior and lateral left of the neck in the neighborhood of the lower jaw and parotid.

He stated that the eruption had first shown itself a few days after he had curried the horse.

On examining the horse, M. Calligo found various spots of cutaneous eruption of different size. These spots, some isolated, some confluent, were covered by vesicles more or less voluminous, containing a concrescible humor and giving rise to the furfurescence. The hair in the neighborhood appeared as if it had been cut very short or burnt away with alcohol, forming a veritable tonsure.

Both the coachman and the horse were treated with sulphur pomade, the eruption of the former rapidly ameliorating. But on again curry-

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ing the horse, it broke out with renewed vigor. The disease, however, soon yielded to the same treatment, the coachman getting well first.

L.

5. *Collodion in Pharmacy.*—Under this head Mr. James T. Shinn, of Philada., presents in the *Amer. Journ. of Pharmacy*, May, some formulæ for the use of collodion in place of plasters. The use of this article is becoming more general every year, on account of its easy application, etc. To prevent contraction, Mr. Shinn adds balsam of fir, or Venice turpentine, in the proportion of half an ounce to the pint.

For iodine, he gives—

℞.—Iodinii,
Balsam of fir, āā ℥ss;
Collodion, Oj.

Dissolve the iodine and balsam in the collodion.

For belladonna—

℞.—Pulv. fol. belladonna, ℥viij;
Etheris, f℥xij;
Alcohol, q. s.;
Balsam of fir, ℥ss;
Collodion wool, ℥j.

Macerate the leaves in the ether mixed with four fluidounces of alcohol for six hours, pack in a percolator, and pour on alcohol till a pint of tincture is obtained; in this dissolve the cotton and balsam. Other articles, as aconite and conium, may be prepared in a similar manner.

For sulphur—

℞.—Sulphuris sublimat., ℥ij;
Balsam of fir, ℥ss;
Collodion, Oj.—Mix.

For iodine and sulphur—

℞.—Iodinii, ℥ss;
Sulphuris, ℥j;
Balsam of fir, ℥ss;
Collodion, Oj.—Mix.

6. *Nitrate of Silver in Serous Diarrhœa.*—Dr. L. W. Mauthner, in the *N. A. Medico-Chirurg. Review*, May, recommends the nitrate of silver in catarrhal diarrhœa, in the form of solution, ¼ of a grain daily. He has found this always to succeed without evil consequences. After two or three doses, the stools assume a more healthy hue, when he discontinued the remedy. He uses it also in the cholera of children, but in larger doses, say two grains daily, or in clysters in solution of three or four grains to two ounces of water every two hours.

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7. *Pruritus Vulvæ.*—According to Dr. Hartmann (*Medic. Neuigk.*), a very severe case of pruritis vulvæ was successfully treated by him with a strong decoction of white hellebore (the root) applied by compresses. He recommends the remedy highly in similar cases. L.

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8. *New Diagnostic Sign in Luxations of the Shoulder.*—In the May No. of the *Southern Medical and Surgical Journal*, Dr. L. A. Dugas, Professor of Surgery in the Medical College of Georgia, presents a new principle of diagnosis. He says: "If the fingers of the injured limb can be placed by the patient, or by the surgeon, upon the sound shoulder, while the elbow touches the thorax, *there can be no dislocation;* and if this cannot be done, there *must be* a dislocation. In other words, it is *physically impossible* to bring the elbow in contact with the sternum or front of the thorax, if there be a dislocation; and the inability to do this is *proof positive* of the existence of dislocation, inasmuch as no other injury of the shoulder-joint can induce this inability." He illustrates his views by means of wood-cuts, showing at a glance the correctness of this principle. Thus, when we have a dislocation into the axilla, and the fingers are placed on the shoulder of the sound side, the elbow is forced forward, and can by no means be made to touch the thorax. Again, when there is a luxation forwards, or below the clavicle, it is quite difficult to carry the fingers up to the opposite shoulder; when this is performed, we find it equally impossible as in the former case to make the elbow touch the thorax, because the upper end of the humerus is resting upon the thorax. Then, when the displacement is upon the dorsum of the scapula, the same principle obtains.

He adds that no other injury of this joint can present this "physical impossibility," as in no other injury is the upper end of the humerus fixed against the upper portion of the thorax.

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9. *Incision of the Os Uteri to Promote Labor.*—In the *Monatsschrift f. Geburtskunde*, 1857, 10, Dr. Kristeller communicates ten cases where this operation has been resorted to, and states, as his experience, that incision of the rigid os, resorted to at the proper time and place, is a remedy not superseded by ipecacuanha, opium, or chloroform, and connected with far less danger than has been stated by celebrated authors. He never saw convulsions arise from the operation, as has been alleged, nor has, in his experience, the wound been further lacerated during the progress of the labor. The rapid course which labor takes after incision is only apparently so, as generally, labor has been going on for a long time, and all the parts are fully prepared, when the operation is resorted to, by which the rigidity of the os is removed.

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Only once in his ten cases has the author seen any considerable hemorrhage, amounting to about twelve ounces. Suppuration and occlusion of the os after the operation have never been observed. It is indicated when, after the membranes have ruptured, a pathological state of texture or anomalous action of the vaginal portion prevent, in spite of the continuance of labor, the dilatation of the os. Of such pathological conditions may be enumerated parchment-like rigidity and firmness of the vaginal portion of the os, as occurring sometimes in primipara; a hypertrophied, fibrous or cartilaginous condition, from preceding inflammatory processes; fibroid formations, and cancerous infiltrations, and finally spasmodic contraction of the os. Before the knife is resorted to, if delay is not connected with danger, the usual other means may be used; but, as a general rule, there is more danger of resorting to the operation too *late*, than too *soon*. The author prefers a curved bistoury, which is covered to about three-quarters "from its point with adhesive plaster. It is guarded by the index finger of the left hand; with two fingers of the other hand the os is pulled down somewhat; the knife is then introduced between the os and the fœtal head, the point carried in about one-half" from the margin of the os, and the knife quickly and accurately drawn inwards and downwards; 3–4 scarifications will always suffice. L.

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THE

MEDICAL AND SURGICAL REPORTER.

VOL. XI. JULY, 1858. No. 7.

ART. I.—*Ophthalmic Report.* Prepared for the MEDICAL AND SURGICAL REPORTER.

IN the second number of the *Ophthalmic Hospital Reports and Journal of the Royal London Hospital*, published January, 1858, we find some interesting matters which we will extract and comment upon.

The first is on the *Discoloration of the Conjunctiva with Nitrate of Silver.* This is frequently the case in persons who have been subjected to the use of a strong solution for a number of months, and especially when the solution is dropped into the eye in a careless manner, numerous cases of which we see in the spring after a residence, during the winter, in our eleemosynary institutions. Mr. Dixon has found that a solution of the hyposulphite of soda (gr. x ad f℥j), applied by means of an eye-glass twice a day, has been followed by considerable improvement after two months employment. This is sometimes a troublesome article to remove from the fingers, and we have found nothing better than a small portion of the cyanide of potassium rubbed rapidly between the fingers and then washed off. But its application we would consider very improper to the eye, as it creates severe inflammation.

The second practical article is on the treatment of *Tinea Ciliaris* (or Inflammation of the Edges of the Eyelids with Ulceration). This name, which is employed at London Hospital, is called *tinea*, in consequence of its bearing some analogy to the *tinea capitis.* It is certainly not a proper one, as from his article it includes all forms of the disease. The name ophthalmia tarsi is the one most frequently employed in this city, unless there is entire loss of cilia, and lids, red and everted, when it receives the name of psorophthalmia or lippitudo.

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The treatment followed in this city, usually depends upon the condition of the patient. If the case is recent, the treatment is constitutional by means of small doses of mass. hydr., hydr. cum creta, followed by syr. rhei ar. or tinct. aloes comp., with mild and soothing applications; but if the patient is feeble in health, or of strumous diathesis, tonics are frequently demanded and are indispensable, as, for instance, the sulphate of quinine, citrate or carbonate of iron; also the preparations of iodine, cod-liver oil, &c. &c. The frequent use of the warm bath is also a good adjuvant. After the acute stage has passed, and it has become chronic, the occasional application of a solution of the nitrate of silver twenty or even thirty grains to the ounce of water, applied by means of a camel's-hair brush every three or four days, taking care to have all the incrustations removed by a mixture of milk and butter, or cream, or warm water. The use of stimulating ointments containing the red or white precipitate, or nitrate of mercury, or in some cases the unguentum picis has been found very successful.

Mr. J. F. Streatfeild remarks, that "in hospital practice, the treatment of this disease is rather unsatisfactory. It is chronic, and of little inconvenience to the patients—the treatment is tedious, and they find the remedies difficult to be applied. To these neglected cases of long standing, the following methods are well suited: In the first place, the expedient 'fomentations to be used frequently to the eyes,' insures the necessary cleanliness, and is easily employed by the patients. To remove the old incrustations of the wide ulceration about the roots of the lashes, at first, I employ a pair of forceps, that meet only at their extremities, which are broad and blunt—the lid is steadied and slightly everted with one finger, and with the forceps the scab is seized close to the edge of the lid, and with slight traction, without closing the forceps, it is altogether detached, without bleeding, and with, perhaps, less pain than by any other means. It should not then be drawn over the whole length of the lashes, at the risk of removing them with it; but, when detached, left, and the lashes cut off close to their roots, wherever the disease exists. To obviate the apprehensions of some patients, it is advisable, before using the scissors, to bring them into contact with the skin of the lid for an instant previously. The lid should be then slightly everted, wiped with soft rag, and the whole of the raw surface on the outer edge of the lids (avoiding the Meibomian orifices) touched with the solid nitrate of silver. The scabs cannot accumulate again when the lashes are kept short, secretions are readily re-

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moved, any application to the diseased surface is easily made, the risk of distorting or ultimately losing the lashes much diminished, and their future growth improved. The lashes are ready to fall out from the protracted ulceration at their roots, and (when they are not cut off) they are probably pulled out, and lippitudo is the result;[1] or by the drying of secretions, and cicatrization of the ulcers about the roots of the lashes, they are forced into abnormal positions, and trichiasis is the consequence. But another very common cause of inverted or otherwise distorted lashes, after this disease, is, I believe, the forcible and ignorant use of the local applications prescribed. The methods above advocated will be found to facilitate the ordinary treatment, to save the lashes, and to expedite the cure. After the caustic I generally order some simple ointment to be applied, night and morning, to the edge of the lids, and the ulceration is generally found to be inclined to heal."

Mr. Critchett communicates an article on *A New Method of Treating Deep-seated Inflammation of the Globe, or Acute Glaucoma*, but which is nothing more nor less than the old operation of Mr. Wardrop, of puncturing the globe for the relief of internal inflammation and pressure; the only addition which he has made to it is that a larger pupil is made by withdrawing a portion of the iris, and snipping it off. We are very doubtful of the propriety of the operation in all cases of acute inflammation of the globe, and certainly in all cases of detachment or softening of the retina. In cases of disease of the optic nerve the operation will not prove of utility. It has been seen already that it is not successful unless in acute cases, and those having some little vision. In a case of this kind the result of injury, where there was but slight opacity of the lens, the second stage of glaucoma, we removed a large portion of the iris, but without materially improving the patient's vision.

But as we do not wish to bias our readers too much, we will let Mr. Critchett speak for himself, by a report of three cases selected out of twelve operated upon.

"My object in the present paper is briefly to relate some cases of acute and subacute inflammation of the globe that have recently been subjected to this operation. In June, 1857, I was requested by my friend Mr. Goude, of Cheapside, to see a middle-aged lady

[1] The entire hair bulb is casually abstracted, when the scabs are removed; but usually it is left in the hair follicle, with a similar result, inasmuch as the cure of the disease obliterates the empty orifice.

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suffering from the following symptoms. Her right eye was the seat of deep aching pain, of an unremittent character, great intolerance of light, and lachrymation; the sight was so imperfect that the back of the hand could not be distinguished from the front, and the fingers could not be counted. The sclerotic vessels were highly injected; the pupil was fixed and widely dilated, and the humors looked dull and dirty; the left eye had been inverted and defective from infancy.

"It appeared that this lady had been attacked with severe pain and inflammation of the right eye about a week previous to my visit, resulting in dimness of vision, which had gradually increased. She had been cupped on the temple, and subjected to rather active antiphlogistic treatment, without any apparent mitigation of the symptoms. When I saw her, I found the pulse quick, weak, and irritable, and the spirits much depressed by the severity of the pain, and by the dread of impending blindness; the appetite was bad, and sleep much interrupted. I placed her under the influence of chloroform. I then passed a broad needle through the cornea, close to its junction with the sclerotic, and with the blunt hook drew out a portion of iris, some of which I cut off, leaving the remainder in the wound. The immediate effect of this operation was entirely to remove the pain, to restore the natural tension of the globe, and slightly to improve vision. The pain never returned; and from day to day the sight gradually but steadily improved, until at the end of three weeks, average-sized print could be read; and at present the sight is as good as before the attack. The pupil was of course altered in shape, but had recovered about its average size and mobility.

"About two months after this, a second case came under my care. The wife of a large Sussex farmer sent for me, suffering in the following way. The left globe was the seat of acute inflammation. The pupil was so widely dilated that the iris presented merely a narrow ring. The anterior chamber was diminished in size, and the humors were of a dull aspect, and could not be lighted up with the ophthalmoscope. Vision was so much obscured that only the dim outline of objects could be made out. There was constant severe pain in the globe, the constitutional powers were at a very low ebb, the pulse very small and feeble. No sleep could be obtained, and there was distressing nausea of the stomach.

"An interesting feature in this case was, that the right eye had been attacked in a precisely similar manner about nine years ago, and at the end of six weeks, in spite of very active, local, and constitutional treatment, sight was entirely lost. I then found a fixed and widely dilated pupil, a hard globe, secondary cataract, and all the evidences of a spoiled eye. Immediately I was called to this case I performed the same operation as in the one I have just related. Considerable care was required not to wound the lens,

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which was thrust somewhat through the pupil and near the cornea. The result was most striking and satisfactory. The pain and sickness immediately ceased and did not recur; sight steadily improved from day to day, and in three weeks the patient returned into the country, able to read a good-sized print. The pupil became much smaller and active. I have since heard a very favorable report, and that the sight is as good as ever it was.

"The third case came under my care at the Royal London Ophthalmic Hospital. William Almerott, a man aged 34, a working engineer, was led to me on September 4th, having lost all power of recognizing objects, and retaining very little sight beyond the mere perception of light. On examining the case the left eye was found in a state of chronic inflammation, the sight having been entirely lost from injury. About five years ago, the right eye was the seat of acute inflammation of the globe, with widely dilated pupil, and a thin layer of lymph over the surface of the capsule of the lens. The history of the case was curious and instructive.

"About five years ago, when at work, a piece of metal flew into the eye, wounding the cornea and sclerotic, the iris and lens; this was followed by severe pain and inflammation, and by total loss of sight; the globe became soft and diminished in size, but remained tender to the touch, and at times was painful. Since then the man has had occasional attacks of dimness in the other eye when at work, which lasted some hours, and then passed off entirely. Five days before I saw him he was seized in the night with intense agonizing pain in the globe, which lasted several hours, and in the morning he was nearly blind. A medical man was sent for, and he was placed under active antiphlogistic treatment. The pain did not recur, but a dull aching remained in the globe, which was of stony hardness, and the sight remained in the same condition as when he was led to me. All my previous experience induced me to take a most unfavorable view of this case. The intensity of the pain, the rapidity with which previously good sight had been nearly destroyed, the extreme dilatation of the pupil, the dulness of the humors, and the evidence of inflammatory effusion on the capsule, all conspired to give a gloomy aspect to the case. It was, therefore, with feeble hopes of success that I proceeded to operate. When under the full influence of chloroform, I first removed the injured and diseased globe, and then performed the same operation as I have previously described on the right eye, drawing out a piece of iris and leaving a portion in the wound. On recovering from the effects of the chloroform he stated that he was now quite free from pain, and that he could see better than before the operation. Since that time he has had no return of pain; the sight steadily improved from day to day, and at the end of a fortnight he could see to read moderate-sized

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print, though everything still looked misty. The pupil, though of course altered in shape, has recovered its normal size and responds to the stimulus of light; the thin layer of lymph is still visible over the capsule, and it seems probable that the same slight cloudiness of vision will remain, though not to such an extent as to prevent him from following his employment. I think this is the most striking and satisfactory case I have yet had. It illustrates forcibly the injurious sympathetic effect of a damaged and spoiled eye, in which a smouldering inflammation still lingers, upon its companion; inducing, first, attacks of congestive, but temporary dimness, and then acute inflammation of the globe; and it further shows the steady recovery of the recently-attacked organ when the extreme tension to which it had been subjected is effectually and permanently relieved by operation.

"The next case that came under my notice was that of a lady, who had been many years a governess, and had recently resided in the 'Home for Gentlewomen,' in Queen's Square. She first came under my care at the hospital, about six years ago, suffering from deep-seated disease of the left globe, combined with cataract and partial staphyloma, which occasioned her severe pain. For this I removed the anterior part of the eye (an operation that was usually performed at that time in similar cases). The globe gradually diminished and healed, and an artificial eye was subsequently worn. Early in the spring of this year this lady had a slight attack of hemiplegia, from which she slowly recovered, and for which she was subjected to rather severe discipline; low diet, active medicines, and bleeding. In the autumn of this year she was suddenly attacked with severe pain in the right eye and dimness of vision. This continued to increase until, on the fourth day, she could not distinguish even large objects, and when I saw her six days after the attack, she could only distinguish light from dark. I found a widely dilated pupil, a dull state of the humors, and all the symptoms I have previously described. I performed immediately the same operation as in the other cases, and the result has been equally satisfactory—the pain almost immediately subsided, and the sight gradually but steadily improved. I saw her about a fortnight ago. The pupil was movable, and she read moderate-sized print to me with the aid of her usual glasses.

"The last case I would briefly notice is one that seems to yield a sufficient amount of negative evidence in the same direction as those I have already related, to deserve notice. Early in November, I was requested by my friend, Mr. Boar, to see a lady suffering from severe inflammation of the right globe, of about a week's duration. The pain, which was somewhat mitigated when I saw her, had been most intense. The pupil was widely dilated, the humors were dull, and there were all the usual symptoms of deep-seated disease of the globe. The sight was much obscured. This

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state of things had existed about four days. I urged the operation that I had performed in the other cases with such signal success, but I could not succeed in obtaining the consent of the patient. The result has been that, although the pain has gradually subsided, the pupil has remained widely dilated, and the sight is permanently and seriously impaired."

Another operation which shows that the procedure made with endeavor to save a great deal of tedious and troublesome work to the ophthalmic surgeon. I refer to the slitting up of the lachrymal canal, and tear punctum for the treatment of *epiphora*, which, so far as our judgment goes, is a most unjustifiable operation, and one which will throw much discredit upon Mr. Bowman, its proposer; for, it is stated that it is applicable to all cases in which the punctum is narrowed, or displaced outwards. With as much propriety should we slit up the urethra in every case of simple stricture, instead of introducing a series of bougies for weeks or months together to dilate it. It is well for Mr. Bowman, after a paper on *Lachrymal Obstructions*, to add the following cautions, as it is much more easy to slit up a punctum than to dilate it with care and success:—

"I may take this opportunity of saying once again, how cautious it is necessary to be in the manipulations upon the canaliculi, particularly when they are the seat of stricture, and how desirable to proceed gradually from one step to another, not neglecting subsidiary points of treatment. I may also state that when one canaliculus is strictured and the other open, I prefer to proceed with the treatment of the sac and nasal duct through the open canaliculus, leaving the other alone; for a stricture of one canaliculus is often of itself insufficient to occasion any epiphora, and if the sac-inflammation and the stricture of the nasal duct can be cured by probes conveyed through the open canaliculus, the patient is relieved effectually, even should the other remain strictured, which it often does not. In such instances, however, I always slit up both puncta."

There are also hundreds of cases of epiphora with apparent stricture from thickening by inflammation, which are perfectly curable by alteratives and slightly astringent and stimulating applications. L. T.

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ART. II.—*The Negro—A Distinct Species.*—A Notice of Dr. John K. Ewcorstart's article in the April No. of the REPORTER. By T. C. ROGERS, M. D. (Alumnus of the University of Pennsylvania), Willow Grove, Del.

DR. FORWOOD'S paper on the Negro, which was published in the February No. of this journal, appears to have excited the pugnacious propensities of a gentleman in Boston, Dr. John K. Ewcorstart. He is certainly much more disposed to enter into personal warfare with his opponents in this discussion, than to either convince or silence them by *arguments;* thus showing, by this preference, which he himself considers the most potent.

With a rare unconsciousness, too, he exhibits throughout his article in the April No., great confidence and reliance in his own authority. The elaborate researches and studies of such men as Morton, Agassiz, Nott, Gliddon, Leidy, and others in this country, and Lepsius, Champollion, Rosellini, etc., in the old countries, the greater part of whose valuable lives have been occupied in the study of ethnology, are wholly ignored by Dr. E.; or sneered at as utterly unworthy of a moment's attention.

He even refers to Nott and Gliddon's celebrated works—*Monuments of American Ethnology*, as "a silly book;" thus showing, that he did not even know the number of books that those gentlemen have published; yet entirely ready to express such a *respectful* opinion.

Dr. E. advances his own authority as carrying with it much more weight than any of those we have named. It is peculiar to the negative party in this discussion, to treat contemptuously the acknowledged authorities on the affirmative side of the question. For instance, one of Dr. E.'s brethren, writing in a prior No. of the REPORTER, tells us that "Dr. Morton examined a *few crania*"! "and," he continues, "what a clatter he has made about it"! This is the way our opponents argue.

It is well known by all who have read anything on ethnology, that Dr. Morton had in his possession, as the subject of his constant study, more crania by one-half, than any other living man within the history of the world; and so far from making any "clatter" about his studies, he was so remarkable for his pru-

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dence and philosophical reserve in the statement of the results he had arrived at, in his impartial investigations, as to command the respect and confidence of such renowned men as Prichard and Humboldt, as well as all minor characters who are "earnest seekers after *truth*."

There is no man living who is less chargeable with having made a "clatter" about his works than Dr. Morton.

Dr. Forwood was so modest as to give *authority* for his statements in the Feb. No., but he is forthwith arraigned for copying into the REPORTER "Nott and Gliddon's silly book," and some other silly books, in lieu of giving something original; such, for example, as that offered us by the gentleman from Boston.

We do not entertain *assertions;* they are simply impertinent. We do not recognize any man's assertions as authority. Nott and Gliddon even do not claim our confidence, if they fail to accompany their statements by a process of reasoning intelligible to our faculties. We must have the "why" before we accept of any proposition as truth.

Dr. F. gave his reasons for entertaining the belief that the negro is a distinct species. Not one of his arguments has as yet been disproved. When scientific men disagree on any one point, they appeal to *argument* and *demonstration* for the settlement of their disagreement. They do not reiterate bare assertions, like children, that their propositions are facts because they believe them to be so, but they state minutely the precise process of induction by which their mental faculties were impressed with the particular conviction. If the opponent does not arrive by this train of argument at the same conclusion, he, in turn, states why he differs from the other party.

If any man has a belief, and cannot give any reason for its possession, he should remain silent; for such a man can offer no instruction to the public; he can convert no man, and is himself beyond the reach of conversion; because he heeds not reason, but places "implicit credence" in his own belief.

As it is not at all probable that Dr. Forwood will make any response to Dr. Ewcorstart's unscientific paper (since it contains nothing relevant to the discussion proper), we will take it upon ourselves to notice the principal parts of that gentleman's curious

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production. We number the paragraphs simply for the convenience of reference, in case a second paper should be called for.

1. Dr. E. does not appear to be aware of the zoological classifications of animals, as they have been studied by all naturalists from Linnæus to the present time.

2. He does not recognize any distinction between *genera* and *species;* as the following quotation from his April article will sufficiently show: "At first we were instructed to regard the negro as a distinct species; but this position being found untenable, we are now expected to adopt him into the great family of men, and consider him a legitimate offspring; not exactly like ourselves, but a scion from the same stock."

3. The gentleman will be expected to explain wherein Dr. F. has acknowledged that the position first assumed by him is untenable: and, also, we challenge him to prove for the public satisfaction wherein he is in error.

4. A few additional remarks to those heretofore given on the subject of genera and species, may not be considered redundant in the present paper, particularly as they are from a recent work, and one not within the reach of the masses.

We refer to Prof. Agassiz's great work, entitled, *Contributions to the Natural History of the United States*, the first two volumes of which have been recently issued.

5. Of this work, Dr. J. C. Nott, in a private letter to one of our friends, makes use of the following language: "The last work of Prof. Agassiz, I think puts this question of *genera* and *species* in a light which cannot be answered, and which will, in due time, bring all the naturalists right; and through them, everybody else."

6. In order to acquire a proper understanding of Prof. Agassiz's views on these points, it is requisite to study thoroughly the entire chapters that he has devoted to genera and species; no abbreviation of them could be made intelligible to our readers.

7. Prof. A. classifies animals under the following heads: *Species*, *Genera*, *Families*, *Orders*, *Classes*, and *Branches*. We will merely give this great naturalist's explanation of the respective relationship between these divisions.

8. "*As representatives of Species*, individual animals bear the closest relations to one another; they exhibit definite relations

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also to the surrounding elements, and their existence is limited within a definite period."

9. "*As representatives of Genera*, these same individuals have a definite and specific ultimate structure, identical with that of the representatives of other species."

10. "*As representatives of Families*, these same individuals have a definite figure exhibiting, with similar forms of other genera, or for themselves, if the family contains one genus, a distinct specific pattern."

11. "*As representatives of Orders*, these same individuals stand in a definite rank when compared to the representatives of other families."

12. "*As representatives of Classes*, these same individuals exhibit the plan of structure of their respective type in a special manner, carried out with special means and in special ways."

13. "*As representatives of Branches*, these same individuals are all organized upon a distinct plan, differing from the plan of other types."

14. "Individuals then are the bearers, for the time being, not only of specific characteristics, but of all the natural features in which *animal life* is displayed in all its diversity."[1]

15. With the object of preventing innocent persons, "earnest seekers after truth," who have not perused Dr. F.'s first article, or have forgotten its contents, from being misled by Dr. Ewcorstart, we extract the subjoined sentence from it, p. 227.

16. "In the following pages we well examine the scientific evidence which supports the hypothesis of the original unity of the human species—we use the term *human* in connection with the negro, because, as yet, we are not prepared to affirm that he does not belong to the *genus homo*."

17. This is too plain to require any explanation; yet such is the perversity of human passion and prejudice that Dr. F. has actually been charged with treating the negro as a species of *monkey;* and an entire article has been devoted by an opponent to the discussion of the differences between the *genus homo* and *simiadiæ*, which differences all acknowledge to exist.

18. Dr. F. maintains that there is a regular *gradation* in the

[1] Vol. i. p. 168.

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development of the animal kingdom, from the lowest radiata to the most perfect man.

19. He classes the negro with the *genus homo*, but holds him to be the lowest species within that genera; and therefore

20. He regards the negro as the connecting link between man and the higher developed species of the next descending genera; thus preserving the continuity of gradation throughout the zoological realm. This is all very plain.

21. "In most of the slave States," says Dr. E., "there are many laws against crimes, which, if committed by the slave, are capital offences, while the same acts, if committed by the white man, are not even misdemeanors!" We will expect the gentleman to substantiate this assertion. 1stly, By pointing out what particular State or States he has reference to; 2dly, by indicating what particular crime or crimes he has in view; and 3dly, what are the relative degrees of punishment meted out to the white man and the negro for similar offences; and also, 4thly, to state positively if there be *any* crime, in any of the United States, the penalty for which is the life of the negro, which is not judged by the law to be a *misdemeanor* if committed by a white man.

22. The gentleman, after inquiring if we would send a monkey to the State's prison, or restrain a horse or any other animal destitute of reasoning faculties, if it was in the habit of kicking out the brains, or otherwise destroying the life of man, in the tone of a martyr, exclaims: "This is the position of the negro. He is prejudged. Let him be wise or ignorant, a brute or a man, his color is his crime, and his labor the penalty."

23. We would like to be informed *how* the negro has been prejudged. Do you term scientific investigations into the natural and physical history of the negro prejudgment?

24. "His color is his crime, and his labor the penalty." In what light has his color been considered a crime, and his labor the penalty? Can it be said, with strict attention to the truth, that he has ever been forced to labor on account of his color?

25. We beg leave here to say that it is *our opinion* (which is not authority), that the negro was created to fulfil a certain destiny in this world which could be filled by no other created being but a negro; and that if he infringed on the destiny of the monkey, on the one hand, or the European, on the other, he would stray

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equally far from the specific path which the Creator designed him to pursue, so that

26. With our confidence in the justice of the dispensations of Providence, we feel convinced that the negro is working out the great ends which his Creator intended he should, after a plan devised by Himself; and that he will be answerable only for the talents awarded him. And in direct ratio to the number and quality of those talents he is certainly entitled to our respect.

27. "Our prejudices rule our judgments," says Dr. E. We have ample demonstration of that fact throughout his article, and are surprised that he deemed it essential to state the fact in such pointed terms.

28. "We must bear in mind," we are also told, "that the negroes in this country have descended from the most degraded and deformed of the Africans." Is it at all probable that our English and Yankee ancestors would have been so blinded to their own interests as to have selected "the most degraded and deformed Africans" for their slaves?

29. We are informed by Dr. E. that the negro in this country "has not had the *disposition* to cultivate the features of his oppressors;" and, most original revelation! he tells us that our noses have been made high and narrow by having them *pinched up* while yet in our infancy; and that the negro's has been flattened by the club!!

30. After these philosophical remarks, we are favored with the extracts of chance expressions from a number of obscure African travellers, many of whose names have no weight in ethnological science, to prove that there is much physical beauty existing in Africa.

31. Dr. E. forgets that the affirmative have confined their observations strictly to the *negro* proper; which by no means includes all the inhabitants of the continent of Africa. In order to make ourselves understood by the gentleman, when we speak of the negro, we will here quote from an author on his own side of the question, the great Prichard:—[1]

32. "Nothing has tended more to spread vague and false notions in subjects connected with ethnology than the improper

[1] Natural History of Man. Lond., 1855. Vol. i. p. 319.

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use of general names. It is often made a question, what races among the inhabitants of Africa are negroes, the meaning of the term not being defined." It ought to be remembered that the word negro is not a national appellation, but denotes the ideal type constituted by the assemblage of certain physical characters, which are exemplified in the natives of Guinea in Western Africa, and in their descendants in America and the West Indies. When these characteristics are not all found, it has often been said that African natives, though black, or nearly black, and woolly-haired, are not negroes. On the same principle, we ought to except the natives of the interior of Africa or of Soudan, in some of whom we could scarcely recognize any considerable resemblance in features to the negroes of Guinea."

33. It will now be seen that those beautiful examples of beauty and intelligence adduced by our Boston friend, are entirely foreign to the subject under consideration.

34. We strictly confine our remarks to the inhabitants of Guinea, and their descendants in America; they are the only *negroes* recognized in ethnology. And, by our readers keeping this fact in view, they will perceive that Dr. F.'s interrogatory, as to whether any one can call the name of a *full-blooded negro*, who has written a page worthy of being remembered, is still unanswered, and is likely to remain so forever.

35. The example brought forward by Dr. E., of Baron de Vastry, cannot be received into this discussion as evidence until his pedigree is satisfactorily proven; and we also expect to be referred to what book or paper the extract given was taken from. While it stands exclusively on Dr. E.'s authority, though he be a gentleman of the strictest veracity, an instance so extraordinary cannot be satisfactory to scientific investigators. It is somewhat remarkable that, although there are 4,000,000 of negroes in the United States, Dr. E. was obliged to go to Hayti for a solitary and ill-authenticated example of a negro who had "written a page worthy of being remembered." If he cannot furnish an illustration out of this great body of negroes in the U. S., he has certainly undertaken a hopeless cause; for it is well known that the negro intellect in this country, is far in advance of their African progenitors and African contemporaries.

36. We are triumphantly told that "Blumenbach collected a

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large library of books written by negroes." Blumenbach was a fortunate man to secure such rare curiosities; for by the most careful inquiry we cannot ascertain that a single volume "by a full-blooded negro," is in the possession of any one of our acquaintances.

37. Dr. Bachman's authority is brought to prove that if some of the negroes had the color and hair of the Caucasian, "the most practical anatomist and physiologist might be deceived." Admitting this view for argument, though we by no means receive it as a fact, we have only to remind the gentleman that *color* and *hair* are the sole distinctions by which naturalists recognize some species. For example, the dog, wolf, fox, and jackall, whose anatomical structure is identical. (See *N. O. Med. and Surg. Journ.* for Jan., 1858, Art. "Influence of Anatomy, &c." By Prof. J. C. Nott, p. 70.)

38. "When the prophet Jeremiah exclaims, Can the Ethiopian change his skin, or the leopard his spots? he certainly means us to infer that the one was as impossible as the other."[1] It would indeed be making great advance towards the approximation of the black and white species, if we could change the skin and hair of the negro; but, unfortunately for the amalgamationists, this desired process has not yet been discovered.

39. "If we reject the Bible," says Dr. E., referring to its bearing on this discussion, "it is difficult to get a starting point." This same gentleman, if we remember aright, made some propositions, some time ago, to "relieve the question of all side issues," of which the Bible is certainly one. His announcement of his propositions, however, was worded in such hostile and unscientific language that we believe no one took any notice of it. Yet we are the more surprised to hear the gentleman, who offered to discuss the question without reference to the Scriptures, say that the Bible affords the principal starting point. It was shown in Dr. Forwood's last paper, how little bearing the Bible had as a text book of Natural History.

40. "As the affirmative seem shy of subjects [!], I will offer an opinion." This *opinion* is, that man is a unit, and that the original type was *negro!* Really this "opinion" is too absurd to

[1] Morton's MSS., *vide* Types of Mankind, p. 246.

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merit serious attention. It was guardedly noticed with some favor by Dr. Prichard in the 1st edition of his *Researches into the Physical History of Man*, Lond., 1813; but that curious chapter has been expunged from all the subsequent editions of his works; nor did the learned doctor ever after refer to his early theory.

41. Dr. E., by advancing this view of the European's ancestry, thus destroys with one dash of his pen the principal arguments upon which the "unity" party rest all their hopes, viz., the effects of climate, habits, &c., in changing the white man to the negro. He could not have strengthened our cause more than by thus dissipating this fallacy about climate, &c. It is rather singular, however, that he should take upon himself the merit of originality in the expression of this opinion.

42. It is by no means a logical induction to infer that the first parents of the races originated in Africa, because the temperature of the climate there would permit the existence of children without clothing; for clothing is by no means the most important item in developing and maintaining vitality.

43. Alimentation is the indispensable requisite for the sustenance of life. No physiologist will assert that a newly-born infant could in any climate, or under any circumstances, procure by any means the required food for preserving its life.

44. In order to be born it is necessary to have a mother; and that mother can supply covering as well as nourishment, for her offspring, whether in tropical or Arctic regions.

45. All accounts of the origin of man represent him as created full-grown, and in the possession of matured mental faculties, which, of course, enabled him to appropriate to his wants whatever nature required.

46. It is not at all pertinent to our subject whether man was originally created in a warm or in a cold climate. Various species could be created in the one climate as well as in the other, or at the same time, in separate latitudes.

47. Neither do we contend that the different species of man were created at the same time, or within the same century. It is rendered most probable by the revelations of geology, that there were successive creations of man, as well as of other animals.

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48. "I believe," says Dr. E., "that the present white race sprang from *Albinos*." Will the gentleman please give his grounds for the publication of such a supposition?

49. Again, he says: "There are many erroneous assertions in the February number." We expect the critic to point out these "erroneous assertions," for the satisfaction of his readers; many of whom are not disposed to adopt his views without some shadow of evidence. We challenge the testimony.

50. We are also told that, "of the thirty-five anatomical peculiarities of the negro (as given by Dr. Forwood), thirty of them do not exist; the other five exist only in a limited degree, and are by no means peculiar to the race." These gentlemen of the "unity" party have a very summary way of disposing of unanswerable arguments, of which the above quotation is a striking illustration.

51. We have carefully read Dr. Ewcorstart's article (which is more than we can say of many of his brethren's papers), because it purports to be a scientific reply to Dr. F.'s February paper; and we are really unable to find a single point of his disproved, or even respectably argued by this gentleman. When he mentions his propositions at all, he merely says of them: "They have no foundation in facts," or something to the same effect.

52. In view of the manifest disorder into which this discussion has been precipitated, it is now evident to all, as it was clearly perceived at the beginning by Dr. Denny, that the formal establishment of a common basis is a desideratum "devoutly to be wished," and indispensable to the proper elucidation of the merits of this question.

53. Dr. Denny has proposed a basis to which we subscribe, giving it our warmest approval and adherence; no honest man can consistently refuse to subscribe to the basis of "undoubted truth." Dr. F. long since publicly accepted Dr. D.'s basis; yet not one of his opponents, all of whom are so anxious to discuss the "principles involved," and adhere to the merits of the subject, have exhibited the least disposition to adopt it, and thus confine themselves to this wide and comprehensive field of *truth*. This persistent refusal speaks volumes for the motives of our opponents.

54. Is there no "unity" reader of the REPORTER, who is

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grounded so securely in the justice of his doctrine, as to be willing to meet Dr. Denny on the grounds of "undoubted truth?" If there be, now speak, or forever after hold your peace!

55. We hope with Dr. Ewcorstart, that "before this discussion is closed, the truth will be fully unfolded;" and since our worthy editor has "bespoken for this question a patient hearing of both sides," (Feb. No. p. 137,) we trust that there will be no editorial suppression in future of any respectable paper coming from either party.

56. We can conscientiously assure all men that the elicitation of "the truth, the whole truth, and nothing but the truth," is the sole incentive that has prompted us to enter into this investigation; and where the same spirit is manifested in the writings of our opponents, we take much pleasure in studying their productions. But on the other hand, where intolerance, passion, and prejudice control and direct the faculties, we turn away in sadness and sorrow, painfully impressed with the weakness and perfidy of erring human nature.

57. With the hope that the "seekers after truth" will be more "earnest" in their future search, we conclude, in the words of our editor, Dr. Butler, in the Feb. No. of the REPORTER, p. 137: "We rejoice in the belief that, for ALL nations and races of men, whether of one species or many, there is hope beyond the grave, believing, as we do, that the period of their existence here is but a microscopic mote compared with the universe."

ART. III.—*Case of Extensive Nævus removed successfully by Extirpation.* By L. TURNBULL, M.D.

A CHILD of Joseph C. was born July 2, 1856, and a few weeks after birth a small red spot was noticed under the skin on the upper part of the nose, which gradually increased in size during the months of July and August, when, towards the end of the latter month, it made such rapid progress that it produced considerable deformity. I was then requested to do what I thought best for it. I directed various astringents, as alum, lead, &c., also collodion, with pressure; but little benefit followed their use; and

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finding it making a very rapid increase in size, with the assistance of my friend Dr. Madison I introduced two needles, and strangulated it. A portion of it sloughed off and cicatrized, but it did not heal completely until the end of October. Finding this method not successful, I applied, at different times, caustic potassa and nitric acid freely. I also repeated, March 27, 1857, the operation with ligatures run through and across it in various directions. This reduced it about one-half for a time; but within the last year it was again on the increase, and swelling under the skin so as to make a tumor all over the side of the nose, but not inside, for the nitric acid applied seemed to have destroyed it from the very edge, and with it a small portion of the cartilage.

The mother, being still desirous of getting rid of it, wished me to make another trial at removing it. I therefore, with the assistance of my friend Dr. E. McClellan, proceeded to operate, April 10, 1858, somewhat after the method of Dieffenbach, by extirpation. After placing the little patient under the influence of a mixture of one part sulphuric ether and one-fourth chloroform, we placed it on a quilt on a table, with its head elevated upon a hard pillow, looking towards the window. I commenced by an incision from the nasal tuberosity outside of the nævus down to the tip of the nose, then across to the edge of the malar bone, and cut the entire mass out. The tumor seemed to derive its supply of blood from an anastomosing branch of the facial with the ophthalmic, which spouted forth, covering my face with blood. This was immediately tied, as well as several smaller branches which poured out a large quantity of blood on the tip of the nose. These last were ligated by passing a needle under, and tying the four ends, so as to strangulate the mass. The wound, which still bled freely, was touched with tinct. ferri sesqui chl., which tended to diminish it; but the hemorrhage did not entirely stop until four sutures were introduced by dissecting up the skin on the side of the face. After the child was roused it sickened, and vomited a considerable quantity of black blood, evidently swallowed, during the operation, from the nostril; it was then directed mist. neutralis f℥ij, morph. acet. gr. $\frac{1}{8}$, and spts. nit., to be taken a teaspoonful every two hours, and cold water applied; and towards evening, on my second visit, a weak solution of plumbi acetatis, and a poultice through the night, wet with the same liquid. The

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parts united in part by first intention, and the centre by granulations, which were very exuberant, but they were kept down by touching them with cupri sulphas, at first every day, and subsequently every third or fourth. The parts look very well, there being nothing but a white cicatrix and a slight contraction of the orifice of the nose; but the whole appearance of the child is so much improved that the parents are highly delighted with the change the operation has accomplished.

Remarks.—As there is more danger from the removal by extirpation than by vaccination, the red-hot galvanic wire, or escharotics, there is also less deformity. Still, children have died from this form of operation. But by using a combination of the ligature and knife operations, there is less danger. Yet it is proper to adopt John Bell's maxim of not cutting into the mass, but of cutting it out; keeping as wide away from the tumor as possible, without unnecessarily destroying the skin.

ART. IV.—*On the Obvious Decline in the Respect of the Public for the Medical Profession in New Jersey, with an Inquiry into some of its Causes.* By O. H. TAYLOR, M. D., of Camden, N. J.

[The following article, furnished at our solicitation, is the substance of an address delivered before the District Medical Society for the County of Camden, N. J. Although so worded as to have special reference to New Jersey, it is, nevertheless, quite as applicable to the profession generally, and contains thoughts which we heartily commend to our readers throughout the country. We have enlisted for the war against low fees and no fees. Our profession is ground into the dust on account of our ridiculous unremunerative prices, and—we grieve to say it—too many of us seem to "love to have it so." Let there be a reform in this matter.—EDS. MED. AND SURG. REPORTER.]

GENTLEMEN: Cut off from the opportunity of dwelling usefully upon any novel therapeutical question, I propose to offer a few brief remarks upon a subject not less vitally, though apparently less directly, connected with our interest. I allude to the obvious decline in the habitual respect of the public for the profession in New Jersey, especially in those portions of the State bordering most closely upon the two great cities of New York and Philadelphia.

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This gradual declension in relative estimation cannot have failed to attract, painfully, the attention of many amongst us; and as it bears directly upon both our means of subsistence and our means of usefulness, surely it becomes our duty to ourselves and others to seek out and remove the causes of this alteration, whatever they may be.

The growth of empiricism under the short-sighted mislegislation of many States, in not only throwing open the doors of the profession to every form of pretending ignorance, but even conferring upon it academic honors, has been dwelt upon by many and able pens. Even our own errors of policy, which may have sometimes enhanced the evil, have been very fully commented upon, and I need not enlarge upon them here. They affect the entire profession throughout the world. I wish to speak more particularly of sources of evil "to the manor born," those that arise in and especially affect the stage upon which we immediately act—the theatre of our own responsibilities.

The medical profession ranks with the "liberal professions," and its self-respect demands that it should everywhere deport itself accordingly. It is also pre-eminently the *benevolent profession.* Heaven forbid that I should degrade it from this proud elevation by any remarks upon mere pecuniary matters! But the continuance of liberality demands that the agent should protect himself, and *benevolence* without *system* is an evil rather than a blessing, a vice rather than a virtue.

In America, the liberal professions receive no support from government. Even most purely benevolent institutions (unless we include in this class the almshouse and the public schools, those half-regulated *necessities* of our continued national existence) receive but a partial and miserly encouragement from the State. The pulpit, the bar, and the Æsculapian temples are dependent almost exclusively upon *the people* for support. It is essential to genuine popular liberty that they should remain so. The consequence of this desirable state of things is inevitable. In America even the most liberal profession is, and must be to a certain extent, a *trade.*

No principle in other *trades* is better or more universally understood than this: as a general rule, the cheaper the article the worse the quality. It is true that the dealer, in neighborhoods

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where rents and the means of living are low, can sometimes afford to undersell those who are crowded into the great centre of business; and the thorough judge may avail himself of this circumstance occasionally to advantage; but the mass of purchasers, who are no judges, wisely resort to the dearest store, or manage to content themselves with that which they esteem inferior, only because they deem it better adapted to their poverty or purse-money. Now, the public is not a judge of medical ability, and hence it has no standard by which to estimate the value of our advice, except that which we ourselves may publicly place upon it. Our intelligent patients may be aware that a doctor's opinion, like that of a lawyer, is incapable of a monetary estimate; but the majority have little idea of *value*, except in its expression by dollars and cents. The lawyer, except for certain matters of mere routine, which have the same relation with his deeper duties that the mechanical operations of bleeding, leeching, and cupping, and compounding medicines, hold towards ours, makes with his client a previous bargain in each case, and helps himself out of the proceeds, laughing at the pretensions of the legal fee bill; while we not only publish our fee bill as applicable to almost every occasion, but even avow that we hold each other accountable for its observance to the profession as well as to those State laws which we have assisted in obtaining. Can we blame the public for taking us at our word, and estimating the article we offer for sale as they would a pound of butter in the market? In Philadelphia the *minimum* price for advice in the office is *one dollar;* in Camden, *fifty cents;* in Newark, by the fee bill of 1856, *twenty-five cents!* Is it to be wondered at that a man of responsible means—one that might be called, in a pecuniary sense, a *desirable patient*—should prefer the attendance of a Philadelphia physician, whose lightest opinion is worth a dollar, to that of the Jersey practitioner, which is held by his associates at one-half or one-fourth of that sum? Is it surprising that, when the priceless jewel of health is at stake, the sufferer should prefer the former in severe illness, though charging perhaps twenty dollars merely for crossing the river, and though he may recover that sum as a debt of honor, *which we cannot obtain by law?*

In an article on medical fees, in the MEDICAL AND SURGICAL REPORTER, 1857, our colleague, J. Henry Clark, M. D., gives us

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the *Fee Table* of the Newark Medical Association, adopted in 1856. Of course it does not vary very essentially from those of other associations, of like character throughout the State. Very wisely, he remarks that it is "*absurdly low.*" The minimum price for advice in the office has been already quoted; the maximum is stated at five dollars. But to cap the climax of absurdity, the maximum for advice without a visit, in the *middle of the night*, is one dollar. Is it a greater mental effort to give an opinion in the office without seeing the patient, and on being called suddenly from sound sleep at midnight, than to give advice when the patient is present during the day, and while the physician happens to be at home? True, the dollar fee, small as it is, may be a comfortable consideration with the practitioner, who is disposed to beg death or disease to wait till morning, for a struggle with science is exceedingly disagreeable in night, and storm, and darkness. We all know the propensity of farmers to delay sending for a doctor till the horses have done ploughing, and also, that self-protection demands that the physician should not always venture out at unseasonable hours, to cases of doubtful seriousness, in order to gratify this economical disposition of the friends of the patient; but surely, if night advice in the office be worth anything, it is worth far more than single advice in the day.

It might well be questioned, also, whether a member of a liberal profession can properly collect a fee at all, when, in serious cases, he allows his own convenience to interfere with a visit at any hour, when prudence would require it, and the call has not been duly delayed.

I shall make allusion to but one or two other of many peculiarities, observable in this fee bill, to show how little the profession is disposed to weigh with due deliberation, the arrangement of its pecuniary affairs, which are in no degree less important to its continued usefulness and respectability than the seemingly higher questions of scientific knowledge and practical ability. For, "an examination of the chest, womb, rectum, eye or ear," the established charge ranges from three to five dollars, while for an *operation* on the throat, rectum, womb, eye, or ear, the range is from one to five dollars. Is it intended that, when the surgeon operates on these delicate organs, *without* an examination, he should charge but one dollar? As in the case of office advice at

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night, this species of operation in the dark may be *over-paid*, at even one dollar! Justice requires that I should mention, however, that any operation whatever, "requiring much attention, or the use of instruments, may be charged at the same rates, with the mere *examination* of the parts just enumerated," and, that express exception is made in favor of operations on the uvula, which must not be charged at less than two, nor more than five dollars, and also the excision of the tonsils, which ranges from five to ten dollars. This last is the most expensive of the applications of the knife or ligature specially quoted by Dr. Clark, while, no doubt, in the interest of good morals, the treatment of syphilis may range as high as twenty dollars. Is it intended that the removal of a uvula shall meet with a higher reward than the laying open of a difficult *fistula* in *ano*, or the extirpation of a tumor of the rectum? Is it meant that the excision of the neck of the uterus should be performed at less than half the cost of a tonsil? It may be said that these fee bills are intended merely as guides in general to the profession, and that the surgeon would be justified by his associates, to much heavier charges in certain cases; but these rates are blazoned before the public, which is informed, that he who goes below or above them acts illegally and dishonorably towards his craft. They are the labelled prices of our wares in the market, and as such, they are received and acted on by the mass of our patients, and by the *magistracy* and *courts*, in cases of suits. Many operations distinctly classified in the table under review are such as would produce the Philadelphia or New York surgeon from thirty to five hundred dollars. To wealthy men, they are not unfrequently charged at the higher of these rates, with the full approval of both patient and profession, while the minimum just mentioned is unmurmuringly paid by persons in quite moderate circumstances, not only in those cities, but among our patients and neighbors. When surgeons from other states are called in consultation with us, at their request—can respectability and confidence be preserved in the face of comparisons like these? I answer, emphatically, No!

It may be urged that any very considerable increase of these rates would be at war with the *benevolence* of the profession, oppressive in their bearing upon the residents of the country,

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whose resources are supposed to be usually much smaller in the average than those of the citizen, and utterly impracticable with the poor. Granting the somewhat doubtful second item of this allegation, and acknowledging the somewhat diminished expenses of living beyond the walls of capitals, which may apologize for some corresponding diminution of fees, this plausible objection is still more specious than real.

As to the impracticability of collecting reasonable fees from the absolutely poor, this is fully as impossible with high as with heavy charges. The poor cannot pay at all; but are they, therefore, neglected either in town or country, by the honest or humane practitioner of medicine?

The wants of clinical instruction in the former, and the claims of common humanity in the latter, which cannot be ignored even by selfishness itself, where public opinion is easily stirred, and medical reputation so very delicate, secures gratuitous advice in ample abundance, not only to the poor, but too often to the vicious and ungrateful also. But the physician *must live*, in order to be benevolent; and when reputable fees are charged to the able, he can the better afford to avoid oppressions on the unfortunate. Thus, a reasonable attendance to our interests, in this respect, would invariably enhance the reputation of our calling, as a benevolent one, and compel the public to a more general acknowledgment of its liberality. Beyond the limits of absolute poverty, we find another class of patients, whose means are principally restricted. Persons of this class, when not affected with long continued illness, can well afford to pay fair fees for a few visits in any given year; but when disease disables them, or their families for months together, their increased expenses, and diminished receipts, render them incapable of paying the physician, whose receipts are then realized in the inverse ratio of his services, until where he has given most, he obtains nothing. What is our duty then? To neglect such opportunities would be inhuman. We cannot do it, like the lawyer, the butcher, or the tradesman, for other charity than ours cannot supply the necessities to which we administer, as all other necessities may be supplied. We must make the sacrifice ourselves. Humanity may seem to dictate a diminution of our usual fees in these cases, and hence, one reason for the wide range allowed in the prices of our fee bills.

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But here, it appears to me, there has been another fatal error in our customs. We should invariably charge respectable fees, while the ability to pay, without suffering, endures, and when it ceases, we should render our services gratuitously. This would be the truly liberal and benevolent course. When we present a bill, making a man of very slender means debtor to twenty visits, five dollars, we degrade ourselves, and justify him in considering us men whose services are really worth but a paltry sum; but when we make him debtor for five visits, five dollars, when he knows that we have given him advice *one hundred times*, he credits our liberality ninety-five dollars, and respects us accordingly. Truly, the public will appreciate the question in the same manner; nor will the rich man, then, as now, have occasion to consider us exacting for demanding that of him which, in Chestnut Street or Broadway, he would consider unusually moderate!

I know of but one other apology for our "absurdly low charges," and it is equally futile, though perhaps more selfish, and less creditable. The close competition of a profession in which the requirements for graduation have been continually diminished by the increase of inferior schools, has rendered the practice, in many instances, a severe struggle for bread—consequently inferior ability, and superior cunning within the pale of the medical title, have alike resorted to the experiment of low fees, as a means of increasing the receipts of the practitioner. To oppose this tendency among men of presumed respectability, associated action has been deemed necessary. But, as real differences of ability, experience, and public reputation exist among us, whatever may be our *theoretical* equality, as in the nature of all business, that which the public esteems best will always be best paid for. It has been urged by some that a considerable range of prices for the services of the same nature were an inevitable necessity, while, beyond certain limits, charges should be considered either mean or exorbitant, and that those who practise them should be excluded from the pale of the profession, and if possible restrained by the iron hand of the law. Now what has been the actual result of these erroneous views? Let us test the thing by the simplest and most obvious case—that of advice given in the office of the practitioner; for all others will be found like it in

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principle, and tolerably similar in degree. The range of charge is here from twenty-five cents to five dollars—and what but the conscience of the practitioner is to determine the amount between the extremes, to be charged to the most able or the poorest patient in any given instance? The honorable physician may endeavor to regulate this by the merits of the case; but will not the struggling young aspirant, under the plea of necessity, descend in the most important diseases to the minimum of the scale, in order to win practice by the reputation of low charges, to the degradation of his liberal and benevolent profession? And will not cupidity induce an unprincipled competitor of greater age, upon whose heels this poor, but perhaps talented young man treads, to resort to the same means to *retain* what the latter strives to win? Alas! not all the benevolence of our liberal profession can overcome with every one the inherent weaknesses of human nature! Within this wide range of prices, there is room for the full play of all the meaner passions—avarice, envy, cunning. Well may we pray, "Lead us not into temptation," when acting under a code like this.

Gentlemen, I verily believe that in this absurdity of our financial regulations, there is concealed, though, not the only, yet the greatest cause of that diminution of our profession in public estimation, to which I made allusion in the commencement of my remarks. Practically, the minimum, and not the mean of those prices, soon became the rule of every neighborhood. A respectable livelihood is now no longer obtainable, except by very few of the physicians of New Jersey, much less the resources required for professional advancement, worthy the age and the character of the State, which has placed in our hands the guardianship of so vital an interest as the practice of the healing art.

This system has diminished our *means of liberality*, our *means of benevolence*, our *means of subsistence*. Is it not time that this association should seriously review its action, and in some method reform the abuse?

You very pertinently inquire by what measures I would attempt a reform. I do not propose at present to offer a settled plan of action to be laid before you; but some suggestions may perhaps be worthy of reflection through the coming year.

Our sister profession of the law has also its absurdly low fee

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bills, but it effectually evades the evil by making special previous contracts in all important cases. In all important suits there is no limit to the amount of a retaining fee, or pre-arranged charge for professional services, but the conscience of the counsel, who refuses or accepts the case, as his interest dictates, unless appointed by the court in a criminal trial, where the party is a pauper; but the acceptance of a fee, disreputably low, is considered an insult, and injury to the brotherhood of the bar, condemning the perpetrator of the wrong to the brand of social disgrace. Why should medical ability be restrained from its just reward by narrower views? Does our profession demand a narrower range of study—a shorter time or a less amount of capital in its acquisition? Does it demand less mental or bodily labor in its prosecution? Is the estate more honorable than the man, or the dollar more important than health? I would suggest for your consideration, that in all cases where a recompense for medical services is of a doubtful nature we should imitate the bar, which has maintained, in all ages and countries, at least so much respectability as springs from wealth and influence. I would also suggest that we establish a minimum fee of at least respectable amount, for each ordinary species of medical services, refusing the fellowship of those who undermine this on any occasion, unless, through charitable motives, they relinquish all charge whatever; but I see no shadow of reason why we should attempt a *maximum* limit to deprive the more fortunate among our brethren of a right enjoyed by men of other calling; the right to put their own estimate upon services enhanced in value, by peculiar advantages of position, fame, experience or skill. If any one be more successful than his fellows, if he can afford to live in handsomer style than others, to drive a more costly and elegant equipage, and fill a larger space in the eyes of the world, instead of being an object of envy, he should be considered an ornament to the profession, and, in some degree, the property of every member; for *honor* as well as *disgrace*, *wealth* as well as *poverty*, *genius* as well as *imbecility*, are *reflective*, and cast light or shade upon the family, the association, the entire circle of society, in which they are displayed.

Such, gentlemen, are the views I entertain upon the chief source of the declension of our influence, and although it had

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been my original intention to add some comments upon minor, though kindred causes of evil, I forbear, that our attention may not be diverted from major to minor considerations, on a subject of such vital importance.

With many thanks for your kindness and forbearance in patiently listening to remarks in which no eloquence has been attempted, at the sacrifice of earnest simplicity, I leave them, such as they are, to your sober judgment and calm deliberation.

BIOGRAPHY.

ART. V.—*Biographical Sketch of the late* Prof. ROBERT HARE, M. D.

THE grave has hardly closed over the remains of one talented and eminent member of the faculty, ere we are called to mourn for another, one equally well known to science, and whose fame has extended throughout the civilized world.

Dr. Hare's life has been one of unremitting labor in the cause of science, and by his ability and research he has contributed a large number of valuable discoveries to the list of the present century.

He was born in Philadelphia, in 1781. His father was an extensive brewer, and young Hare, for some time, was engaged in this occupation also. He entered the Chemical Department of the Pennsylvania University about the year 1800, and that he here well employed his time is evinced by the fact that only two years after, he contributed his first invention, the oxyhydrogen blow-pipe, an apparatus by which he was enabled to reduce the hardest substances, and thus evolved many of the metallic bases. He communicated to the Chemical Section of the British Association for the Advancement of Science, while on a visit to England, the fact of his having thus reduced 25 ounces of platina to a fluid state.

For this instrument he was awarded, by the American Academy of Arts and Sciences, the Rumford medal. He subsequently modified it so as to feed it with alcohol.

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A very important use of this instrument was afterwards discovered by Lieut. Drummond, who, by the introduction of a piece of lime into the flame thus produced, was enabled to give to science the celebrated "lime light," better known as the "Drummond light."

About the year 1819, he produced a new and valuable galvanic instrument, well known as "Hare's calorometer," concerning which, he published a detailed account in *Silliman's Journal.* A year or two later, by the same medium, he announced his new galvanic theory, together with a description of a new galvanic instrument, to which he gave the name of the "Galvanic Deflagrator," commonly called "Hare's Deflagrator." By this also he fused platina, etc.

In a little while we find him contributing a new and much improved gasometer, a eudiometer, a litrameter, to ascertain the specific gravity of various fluids, the hydrostatic blowpipe, the single gold-leaf electroscope, and a host of smaller instruments, or improvements in old instruments.

Nor was it only to chemistry that he made such valuable additions, for in materia medica we are indebted to him for many important improvements, etc. Thus, we have the process for denarcotizing laudanum, and a method of detecting very minute quantities of opium while in solution.

In 1818, he succeeded Dr. John Redman Coxe in the chair of chemistry in the Medical Department of the Pennsylvania University, which he filled with an increasing reputation till 1847, a period of twenty-nine years. As he never published any systematic work (his *Compendium of Chemistry* being only a text-book for his pupils), these lectures are the only record of his many and brilliant discoveries; but these alone are sufficient among the immense number of pupils who have profited by his instruction to cause him to live forever as a model of industrious and untiring labor in the cause of science.

After his resignation from the University, at which time he was elected Emeritus Professor of Chemistry in that school, he paid much attention to meteorology, and read several papers before the American Philosophical Association on tornadoes, in which he attributed the atmospheric disturbances to an electrified current of air. As all new theories meet with more or less vio-

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lent opposition, of course this was not destined to be received quietly, and on its promulgation, he encountered a storm almost as great as one of the tornadoes for which he was endeavoring to account; and many fierce conflicts occurred at the meetings of the society, between Dr. Hare and his rival investigators.

For more than fifty years he has been an active scientific man, though these pursuits did not prevent him from finding time to mingle in society, and enjoy the relaxation of domestic pleasures. By his talented mind, he rendered himself agreeable in conversation, and being of a prepossessing manner, he made for himself hosts of friends.

If, in the weakness of age, he may have fallen into any of the popular errors, we must recall the past, and reflect upon the numberless services he has rendered the world, while yet in his prime, and we will thus find sufficient to counterbalance all his error.

He died in his native city, on Saturday, May 15th, 1858, in his seventy-seventh year, of typhoid pneumonia.

ART. VI.—*Abstracts prepared expressly for the* REPORTER *from Exchanges received at this office, and from other sources.*

(*a.*) SURGICAL.

1. *New Operation for Hydrocele.*—The *Brit. and For. Med.-Chirurg. Rev.* gives a paper from the *Moniteur des Hôpitaux*, by M. Carron du Villards, which presents a new method of operating in this disease, and by which he has produced forty-eight radical cures, and but two failures. "It is attended with no accidents and but little pain, is adapted for all the complications and varieties of hydrocele, is of easy execution, and requires little confinement or after-treatment." He has been led to devise this means from the bad effects which result from injection in the Antilles, where he is located. These accidents are acute hæmatocele, tetanus, suppuration, acute orchitis, etc.

In performing his operation, the patient is raised on a high bed, with his buttocks well raised by means of a cushion, and the situation of the testis having been recognized, the operator, taking the lower part of the hydrocele in his hand, while an assistant presses it downwards, punctures the most dependent part of the tumor with a strong and narrow lancet, which he passes slowly

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in. As soon as fluid escapes, he slides a long narrow trocar along the blade of the lancet, keeping the point of the instrument within the canula until the upper boundary of the tumor is reached. Having reached this point, the canula is pressed against the tissues, so as to project them somewhat externally, in order to be certain that neither the cord nor a pulsating vessel can be felt in front of it. A piece of cork is next placed against the projected tissues, and against this the trocar is forcibly driven by the application of the palm of the hand to the handle of the instrument. A counter-opening is thus at once effected, just as the jewellers pierce the ears for ear-rings. The stiletto of the trocar is now withdrawn, and replaced by a grooved silver wire, which traverses the two apertures, and is left *in situ* on the removal of the canula. Spirit lotions are applied around the scrotum, and during twenty-four hours a slight discharge of fluid takes place. After this period, inflammation is set up, and the secretion is no more reproduced. The scrotum becomes afterwards red, hard, and painful, as in acute orchitis, but it rarely requires treatment. More frequently it has been found to encourage action by placing stimulant ointments in the groove of the wire. On the twelfth day (the patient being usually able to get up by the third) the wire is removed, the patient wearing a suspensory until the twenty-fifth or thirtieth day, by which time he is usually radically cured.

2. *Amputation of the Neck of the Uterus in Prolapsus of this Organ.*—The *Gaz. Hebd.*, of April 16, in referring to a communication of Dr. Mayer, on this subject, to the Obstetrical Society of Berlin, says:—

"Here is another remedy for the cure of uterine prolapsus; but we think a strong one, . . . or we hope that few surgeons will be disposed to resort to it. Such an operation for an affection like hypertrophy of the neck of the uterus, generally not very grave, seems to us exorbitant enough.

"M. Mayer does not apply this method of treatment to prolapsus of the womb produced by any other cause than hypertrophy of its neck. His procedure consists in removing with the bistoury the whole neck, after having fixed the uterus by means of hooks; the hemorrhage, which is often considerable, is arrested by the actual cautery; then tampons of lint are introduced, which retain the uterus in place, and cicatrization is hastened by cauterizing from time to time with nitrate of silver. Mr. M. prefers the bistoury to the *ecraseur linéaire*, because the latter, he thinks, exposes the neighboring parts to be wounded; in one case, quoted from Langenbeck's *Clinique*, where the ecraseur had been used to remove an epithelial cancer of the neck, the patient died on the third day, and the autopsy revealed a perforation of the bladder and peritoneum.

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"In three cases reported by the author, where the hypertrophied neck projected outside the vulva, its removal sufficed to arrest the quite serious symptoms which accompanied the prolapsus, and to diminish remarkably the volume of the engorged uterus; nothing remained but a slight prolapse of the vagina, which was easily reduced by lint tampons. A fourth observation is recorded in the tenth volume of Virchow's *Archiv.*" (L.)

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3. *The Electric Cautery in Toothache and other Affections of the Teeth.*—We extract from the *Montreal Med. Chronicle* some descriptions of this treatment of dental affections by Dr. Thomas H. Harding, London. Just now quite a furor is being raised among our dentists on the subject of galvanism, etc., in extracting teeth, and we do not think with them this article will come amiss. Dr. Harding says:—

"The battery is a compound one of Smee's, and consists of six pairs of plates of zinc and platinized silver, contained in six cells, which are set in action by one fluid, viz., dilute sulphuric acid. The battery may, of course, vary, according to the choice and taste of the operator; but it is desirable to render it as elegant and as simple as possible. When I first employed the electric cautery, I used a battery of two pairs of plates in a single cell. I now prefer the larger battery of six cells, because a large battery with weak acid will last longer than a small one with strong acid; besides this, the action of the battery is more uniform and lasts much longer. . . . The cauterizer is thus constituted: The terminal six inches of the poles, which are of copper wire plated, are supported on an ebony or ivory handle, upon the side of which one of the poles is interrupted at a particular point. The extremities of the poles are connected by a piece of platinum wire, a hundredth of an inch thick, and three-quarters of an inch long, which is bent into a loop. The sides of the loop are then brought parallel and nearly close to each other, without touching, and it is thus introduced into the pulp cavity of the tooth to be operated on. By a slight pressure on one side of the handle the interrupted pole is temporarily joined, and the platinum wire immediately becomes brilliantly heated as it lies in contact with the tooth-pulp. . . . In this way I have succeeded in rapidly destroying the pulps of decayed and condemned teeth, and have proceeded sometimes after a few minutes to the operation of filling with gold or with other suitable stoppings."

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4. *Stricture of the Urethra, and some Views of its Treatment.*—Dr. D. D. Slade has an article in the *Boston Med. and Surg. Journ.*, in which he gives some suggestions, and results obtained, in urethral stricture.

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He advises caution and the greatest gentleness in catheterism. Gentleness and perseverance have often succeeded when an operation has been considered the only chance. In these cases, first have recourse to general treatment—rest, warm baths, laxatives, diet, and opiate injections.

In selecting a bougie to pass, use one as near the size of the stream of urine usually passed, and carefully lubricate it with some tenacious substance which will adhere to the instrument, as lard, cold cream, or cerate. Then carry it gently down to, and push it on, the seat of stricture. In many instances, after a short time, the instrument will pass on into the bladder.

The difficulty with the very fine bougies is their liability to be entangled in the lacunæ of the urethra. This may be in a great measure obviated by keeping the penis on the stretch, and using a bougie with a probe point, or olive shaped.

"Mr. Henry Thompson, of London, has recently suggested a method of protecting the mucous membrane from injury, and of rendering the introduction of small instruments more easy, particularly in these very cases of narrow stricture, which, on trial, will be found very useful. It consists in the simple method of applying the oil to the urethra itself, and very freely, rather than to the instrument. In order to effect this, he says, the nozzle of a common glass syringe, containing from four to six drachms of pure olive oil, should be introduced into the urethra as far as it will go, the external meatus being at the same time closed upon the nozzle by the fore-finger and thumb of the left hand, so that none can escape. Gentle pressure being now made upon the piston-rod, the oil gradually finds its way down to the stricture; and if this be very narrow, the urethra in front of it slowly fills and becomes slightly distended; but as the piston continues to descend, the oil will gradually pass through the stricture and onward into the bladder, thoroughly lubricating every part of the canal. At the moment the oil passes through the stricture, the operator may sometimes distinctly perceive a slight, but very complete, sensation communicated to the hand, of resistance overcome, and partial collapse of the previously distended urethra in front. The syringe is then to be removed, the finger and thumb still commanding the meatus of the urethra so that no oil escapes. The smallest catheter may now be introduced, and made to traverse the urethra—at all events as far as the stricture—with very little or none of that difficulty arising from the catching of its point against the walls of the passage, so often experienced with very small instruments, and which renders so much care necessary in their employment. But what is more, when arrived at the stricture, the instrument, if adapted in size, will gradually pass through it; or, at least, the probability of its doing so is greatly increased. The narrowed channel has not only been thoroughly lubricated,

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but somewhat distended by the mechanical pressure of the column of oil which has passed through it; and this sometimes occurs to an extent which affords no inconsiderable amount of aid to the operator. Patients suffering from very irritable stricture have experienced so much less pain from the passage of a catheter after the injection of oil, that I have been repeatedly requested by them to employ it on subsequent occasions."

The probe-pointed catheter above alluded to is made of silver, like an ordinary catheter, but for the last two inches it is solid, forming a delicate probe. The hollow part commences about two and a half inches from the point, and a small eye is placed on the inner curve. From this the instrument gradually increases in diameter, the whole being strengthened by a small steel rod, accurately filling the interior, to which the handle is attached. This, Mr. Thompson praises highly, though Dr. Slade does not consider it as possessed of any peculiar advantage.

The instrument does not always pass at the first trial, but, by allowing rest, etc., success generally crowns the efforts. Again, anæsthetics are of service by producing complete relaxation, and it is frequently necessary to substitute a wax or gum bougie for the metallic one. He closes by quoting from Mr. Solly: "There is another thing to be remembered in the treatment of stricture; never be ashamed to leave the bedside of a patient without succeeding in passing a bougie. I am told that a hospital surgeon, now deceased, passed a sleepless night from vexation, if he failed to introduce an instrument into the bladder in presence of his pupils. Such a man must have made many a false passage. Every good surgeon will fail occasionally in the introduction of a bougie, but no good surgeon ought to make a false passage, though a skilful surgeon will sometimes do it, when his temper or his pride rules his hand, instead of his reason and his conscience."

(*b.*) PATHOLOGICAL AND THERAPEUTICAL.

1. *Yellow Fever.*—Dr. G. Van Arcken, of Port au Prince, contributes a valuable article on this disease in that place, to the May No. of the *American Medical Monthly.* According to his views, yellow fever may assume all "grades of violence, from a slight indisposition to the most fatal form," owing to the difference in mode of living, constitution, or peculiar susceptibility. There is generally a chill ushering in the attack, the duration and violence of which, often, is an indication of the character, etc., of the disease. Thus, a complete rigor ushers in a slight and easily managed case; slight chilliness, or none at all, portends a dangerous attack. Constant symptoms are "deep-seated and severe pain in the supra-orbital region, and weakness in the back and limbs, amounting sometimes to a spasmodic pain." When the

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fever has set in, the skin is hot and dry, respiration hurried, flushed face, red and watery eyes, tongue thickly coated, and sore throat occasionally. Generally, more or less vomiting supervenes, of a bilious character. In the more fatal cases, the gastric complication comes on later, and sometimes as black vomit. Sometimes, there is weight and oppression at the epigastrium, with pain on pressure. Bowels costive, and when moved, offensive. Mind disturbed, restlessness, and often delirium, giving way to deep coma.

These symptoms may continue from two to four days, and then the patient seems much better; "pulse natural, respiration calm," and pains almost gone. This, however, is temporary; the system has only ceased to struggle against the disease. By making pressure, at this stage, over the epigastrium, we find great tenderness, and a lump pulsating. The eye changes from red to a yellow or orange color. The forehead and cheeks assume a pale violet or bluish appearance, from the stagnation of the blood. In a few hours "the pulse becomes frequent and irregular," with marked intermissions, the tongue brown, dry, with red edges, and sordes appear on the teeth and gums. Now the stomach rejects everything, and also ejects "a matter consisting of black flakes and particles, floating in a colorless or slightly yellow fluid, which ultimately becomes opaque and black."

The urine is scanty or suppressed, hemorrhage occurs from the mucous membranes, "gloomy indifference" takes the place of the restlessness, pulse ceases, hiccough sets in, the skin becomes cold and clammy, an offensive odor is exhaled, and death closes the scene.

In slight cases, after the fever passes off, the stomach gradually improves, perspiration is free, and the urine is dark brown, and convalescence takes place.

Of course, in various cases, we find symptoms of great diversity, and in very malignant attacks we have every symptom much increased in intensity. The peculiar vomit generally occurs about the third or fourth day, but fatal cases may occur without it. Dr. Van Arcken considers that it is entirely a distinct disease from either bilious or typhus, and that there is no reason to believe in the contagiousness of the disease.

The most unfavorable symptoms are "excruciating pains in the back, limbs, and forehead, great feebleness of pulse, sometimes an entire absence, a bronze color of the face, bloodshot eyes, together with extreme restlessness, epigastric tenderness, black vomit, and suppression of the urine."

"The favorable symptoms are, first, the absence of any of the above-mentioned; then a prolonged continuance of the primary fever, which subsides only gradually, and under the effect of a general diaphoresis, the passing dark-brown urine, salivation, a

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gradual clearing of the tongue, and a diminution of thirst, and epigastric tenderness.

The position of Dr. Van Arcken, as physician to the American Consulate, brought under his care all cases occurring to the crews of foreign vessels. These were generally robust, able-bodied men, from twenty to thirty-five years of age, and about half Americans.

When called to a case, he first decided whether it was inflammatory or typhoid. The former presented a full, strong pulse, and the usual appearances of high excitement. The latter, feeble and frequent pulse, etc.

In an inflammatory case, he administers thirty grains of calomel, placed dry on the tongue, and allows a little water, to swallow it. As a mercurial action is desired, he gives, after this, two grains every two hours for two days. As it is difficult to produce this action, from the want of absorption in yellow fever, he ceases, after forty-eight hours, to attempt it. He allows acid drinks, and if costive, purgative clysters. Next, having had several stools, the patient feels relieved, and if there is any tenderness at the epigastrium, leeches are applied around the anus, a tepid bath is given, and an emollient poultice applied to the stomach.

The patient goes on well, and next morning takes ten grains each of calomel and quinine. On the fourth day, ten grains of quinine with one grain of opium is given, to produce diaphoresis and sleep, and the action of the skin is kept up by means of liq. ammoniæ acetat. Next day weak soup is allowed, and, occasionally, to keep the bowels free, citrate of magnesia. In eight or ten days he is able to be at his business.

Sometimes, when the progress is more unfavorable, on the third day the tenderness of the epigastrium is great and vomiting threatens, then he applies six to ten wet cups to the part, and if it relieves, go on as before; if not, blisters to the inside of the thigh. These often act like a charm, but they must be applied before black vomit has set in. If this has occurred, they seem to exasperate rather than benefit.

Typhoid cases require a different treatment, as tonics, to assist the system to rally from the onset of the attack. Here, he uses sulphate of quinia, and in *very large doses*. "If the stomach is still quiet, give immediately thirty grains in about half a dozen spoonfuls of coffee." If the stomach will not permit it, then he dissolves sixty grains in an ounce of ether, with two drachms of liquor ammoniæ, and rubs this under the arm-pits and over the abdomen several times daily.

To combat the black vomit, after trying, without success, every remedy so often recommended, he used *corrosive sublimate*, with the recovery of *seven patients*. He dissolves six grains of it in two ounces of water, with twelve drops of muriatic acid, and

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gives it in teaspoonful doses, first clearing out the stomach with a mild emetic. He repeats this every two or three hours, according to the symptoms, using poultices to the stomach for the slight burning it produces. If useful, it usually is so, after three or four doses; the vomitings are altered in color, and finally the matter passes off by the bowels.

When this does not yield to remedies, it remains from two to four days, and then ceases spontaneously, and the typhoid stage ensues, followed by convulsions and death.

Often the patient lies without pain or any symptom, but so weak as to be perfectly helpless. Now, a nourishing diet should be given, with stimulants, as brandy, tinct. of musk, etc. Sulphate of quinia may be used with good effect, and frictions to the limbs for the pains. Thus, the patient may remain for fifteen or twenty days, but each day brings additional hope.

In cases where it is difficult to diagnose between the inflamma tory or typhoid state, we should be watchful, as these are the most dangerous; quinine should be given in large doses, and the most active treatment employed.

A singular fact he noticed, was, that five out of seven who recovered, after the black vomit, were Americans, and only fourteen out of fifty-two deaths were of American birth. Cabin boys are peculiarly unfavorable subjects, and the only one he brought through was an American cabin boy.

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2. *Assimilation, Consumption, etc.*—In our May No., we gave a somewhat lengthy abstract, or rather review, of Dr. Washington's pamphlet on the above subject. We find in the Nashville *Journ. of Med. and Surgery*, for Aug. 1857, an article, by the same author, in which he reviews the opinions and writings of Rokitansky on that subject. We cannot afford sufficient space for the remarks of Dr. W., and therefore would refer those who feel interested in this subject, to read for themselves the article as above. We endeavored in vain to make an abstract that would do him justice, without occupying too much space. The views of these two gentlemen are so directly opposite, that "if either side is correct, any indications for treatment based upon the other, must inevitably result in injury to the patient."

Dr. W. supports his views by the most convincing arguments, and in the December No. of the same journal, gives us a number of cases, etc., in further confirmation of them

One case from Dr. Condie, where the patient speedily recovered, by abandoning a sedentary occupation, and adopting one requiring constant exposure to the weather. In this case, all the signs of incipient phthisis were present.

Another by Dr. Dodd, the patient, a weaver, with all the signs of the last stages of pulmonary phthisis. He became a tanner,

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under the impression, still quite prevalent, that the smell of the tan is beneficial to consumptives, and speedily became a healthy man.

The idea of the tan reminds us of many other popular ideas of a similar character. Thus, tar burned in rooms, living in sugar refineries, inhaling the steam of boiling sugar, etc. etc., may justly be attributed to the free ventilation, exercise, and consequently perfect assimilation, as Dr. W. has it, which will naturally result from following such occupations.

Dr. Washington adduces the cases quoted in *Blackiston on Diseases of the Chest, four thousand* in number, all treated by a tonic, and invigorating plan, as most important witnesses in his favor.

Among many other very interesting instances, he gives, in detail, a case of a lady cured by the vapor of boiling sugar. In this case, the symptoms were well marked; "the diagnosis was consumption with tubercular softening." After five weeks, she recovered her voice, which had been previously almost entirely lost. In her efforts to inhale it thoroughly, she used sufficient exercise, and submitted herself to a heat equal to 110° and upwards.

Her diet was "cane juice flavored with lemon juice, sweet potatoes, eggs, milk, rice, oysters, with ducks and fish." This would in every way satisfy Dr. Knapp, as eminently *anti-scorbutic*, and at the same time furnishes, to quote Dr. Washington, "the best quality of food for the formation of healthy chyle."

He then, in drawing his deductions from these cases, says: "The first step will be to restore the natural healthy action of the skin. For this purpose, frequent sponging of the whole surface with a coarse cloth and warm water, will prove very serviceable, in fact indispensable, and it will be infinitely better at any time than a general bath." For the dryness, etc., he prefers the rubbing in of sweet oil all over the body.

When the healthy action of the skin takes place, "the mucous membrane commences secreting finely, and a dry, hacking cough becomes loose, and expectoration is freely established in a short time."

Next, "see that the lungs perform their duty in a proper manner." When an obstacle presents, in the shape of inflammation of the lungs around the tubercles, cool it down by a compress rung out of moderately cool water, or even of the same temperature as the body.

The inhalation of vapor is an excellent anodyne.

Then, "real energetic exercise, increased as fast as the strength will allow." Not to fatigue, but with due care.

The range in food should be unlimited, not eating anything

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which is likely to disagree, and satisfying the fancy as it may occur.

Cod-liver oil, in severe cases, is of eminent service, "being easily digested and assimilated." He recommends a substitute, in the shape of "mutton suet flavored with a little loaf sugar and nutmeg."

In addition, "dry cupping on the spine every alternate night" as a *powerful alterative;* or a plaster of cayenne pepper, the whole length of the spinal column.

This dry cupping he looks upon as of great importance; in every case, it has produced the most beneficial effects. He affirms that the secretory organs can be reached through the spinal marrow, and all of them at the same time, and in addition, that they can all be brought to perform their functions in a proper manner.

After giving an exposition of his views, and a thorough explanation in connection with the views of the excito-secretory action held by Dr. H. F. Campbell, he concludes as follows: "We can totally change our practice, and instead of smoothing the patient's way to the grave, we can with certainty calculate on smoothing his way to the recovery of health and the enjoyment of life, and having inspired the community with confidence that the terms 'incurable' and 'consumption,' so long and so closely united, are henceforth and forever divorced, we can induce them to live, not only so as to cure the disease, but so as to avoid the development of the disease."

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3. *On the Causes of Rachitis in Animals.*—According to the *Gaz. Hebd.*, Mr. Serres, who is at the head of Clinique at the Veterinary School at Toulouse, reports a case of rachitis observed in a panther, and which is well calculated to throw light upon the etiology of this affection. It is well known that in this respect there is a difference of opinion; some, like M. J. Guérin, place the essential, almost specific, cause of rachitism in a vitiated mode of alimentation; others place it principally in the want of good air, exercise, and the deprivation of solar light. The following case, hence, is a proper one to show that the latter series of causes is fully adequate in animals, as it is shown by others to be frequently sufficient in producing the disease in the human species.

Observation.—A menagerie was in possession of three panthers six months old, and born in France. For four months these beasts were lively, and abandoned themselves with ardor to the most capricious plays; it was a pleasure to see them bounce through their cages. In two months one of them began to limp. On examining the limb, an exostosis was found on the internal face of the tibia. On pressing the tumor, it yielded, and the animal evinced some pain. The ramollissement soon increased,

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spontaneous fractures occurred, and the patient unable to move. The general condition betrayed a profound disease of nutrition; marasmus set in. At this point complete mortification and separation of the first joints of the hind legs occurred; the dorso-lumbar column presented deviations, and was curved from above downward.

On autopsy the osseous tissue was found softened, yielding to the pressure of the finger, and very easily cut into; the earthy salts seemed to have entirely abandoned the fibrous matrix.

The other two panthers are equally affected; they have spontaneous fractures, rendering all motion impossible. But since they have been exposed to the direct action of the sun's rays, and their food mixed with dried pulverized bones, the disease seems to have been slackened in its march. (L.)

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4. *Sulphate of Quinia in Hæmaturia.*—A case taken from the *Medical Review of Cuba*, by the *N. O. Med. News and Gazette*, possesses much interest as showing two masked forms of malaria in diseases of those climates.

The patient, a female, ætat. 30 years, bilious temperament, and the mother of several children. Had severe pains in various portions of the body of an intermitting character. Fearing abortion, as she was supposed to be pregnant about two months, her attendant recommended absolute rest in the horizontal posture, emollient injection, and an anodyne, but with very little benefit. After about four days, the urine began to present a turbid aspect, and gradually she came to discharge as much blood as urine. On examination, nothing was found wrong with the bladder, etc. Remedies only produced a slightly palliative effect.

After twenty days a consultation was held, and miasma being suspected, the sulphate of quinia was exhibited in the following formula: ℞.—Quiniæ sulphat. ʒj; ext. absinthi q. s.—M. Ft. pil. No. xij. These were taken in twenty-four hours. The sanguinolent discharge ceased from the moment of taking the anti-periodic, and did not return.

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5. *Topical Applications for Cutaneous Diseases.*—The *Boston Medical and Surgical Journal* has a translation from the *Journ. de Chimie Médicale*, on certain local applications employed at the St. Louis Hospital, Paris, in eczematous and impetiginous eruptions.

M. Gibert has been quite active in his efforts to methodize and improve the treatment of these affections. He places first in astringent remedies, resinous and empyreumatic substances. Pure tar with lard, one part to three, is considered, at this hospital, "the best resolvent for scaly eruptions, and a valuable desiccative in chronic eczematous and impetiginous eruptions." He prefers, however, glycerin, since its introduction into therapeutics, to the

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lard. "M. Gibert applies the mixture, thickened with starch, in the form of pomade." The formula most used is: ℞.—Glycerin f℥j; picis pur. f℥ss.—M. Warm, and add powdered starch enough to make a consistent paste. "It relieves itching, heals excoriations, dries up secretions, and dispels redness," and by its employment many of these affections are quickly improved. He frequently employs, also, the *oil of cade* in a mixture called *huile cadée*, being two parts of ol. morrhuæ, and one of cade oil. "In the obstinate, pruriginous, papular, and eczematous eruptions of the anus and genitals, which are so often the source of despair both to the patient and the physician, M. Gibert has especial reason to congratulate himself on the employment of the oil of cade. He combines with it cold hip-baths, and the internal use of: ℞.—Acid. arsen. gr. j; aq. destill. Ojss. Make a hot solution, to be divided into six phials; half a phial to be taken every morning, fasting, in a glass of chiccory water sweetened with honey.

By these means he has succeeded, in a few weeks, where the case had defied all other treatment for years.

(*c.*) PHYSIOLOGICAL.

1. *Absorption of Gases by Serum and Blood.*—Mr. Em. Fernet has communicated to the *Académie des Sciences* several papers on the absorption and the disengagement of gas by saline solutions and the blood, and also the part which the principal elements of the blood play, in the absorption and disengagement of respiratory gases. We take the following from the *Gaz. Hebd.*:—

From the experiments of Fernet, it appears that the action of serum on the different gases is different and from various circumstances. In relation to carbonic acid gas its action is dissolving, and at the same time chemical, owing principally to the presence of phosphates and carbonates; the whole quantity of gas absorbed is one and a half times as great as the quantity absorbed by pure water under the same circumstances. As for oxygen, its action is chiefly solvent, tending to diminish the presence of certain salts, such as chloride of sodium; it has also a weak chemical action upon other soluble substances, chiefly organic.

As to the blood-corpuscles, the author has found that their presence does not sensibly influence the absorption of carbonic acid gas. With oxygen, on the contrary, it is different. The volume of oxygen absorbed by the blood (*with its corpuscles*) is twenty-five times the volume, which is absorbed by serum alone. It is hence really in the blood-globules that we have to look for the true regulators of respiration.

The proportions of carbonates and alkaline phosphates of the blood are always found diminished in pathological conditions where physiological combustion seems to be impaired—in typhoid

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fever, phlegmasiæ, phthisis, etc. A considerable augmentation, on the contrary, in the proportion of the chlorides, as met with in cholera and scurvy, coincides with a diminution in the quantity of oxygen absorbed.

M. Fernet thinks that the results obtained by his researches explain in the simplest manner the well-known fact that the addition of certain salts to the blood produces its vermilion coloration. The addition of chloride of sodium, diminishing the solubility of oxygen in the serum, a certain quantity of this gas is readily conveyed to the globules, whence the vermilion color. Other salts, like phosphate and carbonate of soda, act principally by promoting the absorption of free carbonic acid, when, of course, the influence of the latter upon the tint of the corpuscles must disappear, though the change is much less marked.

There is yet much to be learned in regard to the process of respiration. The following questions are not yet definitely answered: 1. In what state does the carbonic acid reach the lungs? 2. What is the process by which it is eliminated from the lungs? 3. Has pneumic acid anything to do with its elimination? (L.)

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2. A memoir has been presented to the *Académie des Sciences*, by Messrs. Lecompte and Demarquez, *on the pathological, physiological, and chemical phenomena produced by injections of air, nitrogen, oxygen, carbonic acid gas, and hydrogen into the cellular tissue and the peritoneum.* The following extract, prepared by the authors themselves, is taken from the *Gaz. Hebd.*

From the numerous facts contained in our memoir, we are justified to conclude: 1. That air, nitrogen, oxygen, hydrogen, and carbonic acid gas, produce no injurious effect whatever, when introduced into the subcutaneous cellular tissue of the peritoneum. 2. That all these gases are absorbed in a shorter or longer time, and with a rapidity, varying from forty-five minutes (carbonic acid gas), to several weeks (nitrogen). The rapidity of absorption has always presented itself in the following order: Carbonic acid, oxygen, hydrogen, air, nitrogen. 3. Any gas, injected in the cellular tissue or the peritoneum, always causes an exhalation of gases which pervade the blood and the tissues; (simple endosmotic action—*L.*) 4. After the injection of gases, mixtures are produced which are more readily absorbed than the least absorbable gas therein contained; in such manner that the absorption of the latter does not commence until it has already been mixed in certain proportions with the other gases that have been exhaled. 5. As a general rule, the exhalation of gases from the blood or the tissues was more considerable in the experiments made during digestion than while fasting, and still more in the peritoneum than in the cellular tissue. 6. The rapidity of absorption did not appear to be modified by digestion

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or fasting. 7. Of all gases, that are injected, it is hydrogen which determines the most considerable exhalation of gases from the blood; to such an extent that, after the hydrogen has entirely disappeared from the mixture of gases, the animal yet preserves the entire volume of gas which it presented at the moment of injection, so that we might be made to assume the non-absorption of hydrogen, had not chemical analysis explained the phenomenon. (This is readily explained by the laws of endosmosis; the specific gravity of hydrogen is the lowest, and endosmotic action is the more energetic, the greater the difference between the specific gravity of two gases—*L.*) 8. The rapidity of absorption of gas into the blood is not always in accordance with their solubility in water. 9. If, in injections of air into the cellular tissue or peritoneum, there takes place constantly an absorption of oxygen, and exhalation of carbonic acid gas, so far approaching to the phenomenon of pulmonary respiration, yet these two physiological facts should not be considered as identical; for, in the case of injections, the relations between the exhaled carbonic acid and the oxygen absorbed vary incessantly. (L.)

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3. *On the Existence of Glycose in the Animal Organism*, by M. Poiseuille, member of the Academy of Medicine, and M. J. Lefort, is the title of a memoir read before the Academy of Sciences at Paris, March 22, 1858. We would like to lay before the reader a full extract of this exceedingly interesting memoir, and shall probably do so as soon as we get time. Meanwhile, we append the following conclusions, arrived at by the authors:—

In fishes, reptiles, birds, and mammals, examined immediately after death, there is always found a large quantity of glycose in the liver; the presence of this substance in other parts of the organism is accidental, temporary, and only owing to particular physiological conditions which provoke in this organ an increased production of sugar. These facts demonstrate that, in vertebrate animals, the liver is the only sugar-forming organ.

During the intervals of digestion, the sugar produced in the liver is not found in the arterial blood; but when digestion is fully going on, in consequence of a much greater quantity of glycose furnished by this organ, and also, perhaps, on account of a small quantity of sugar introduced by the food, the arterial blood then contains sugar. Thus, carried through all the organs, it is, however, incessantly absorbed through the lymphatics, and carried partly into the right subclavian vein, partly through the thoracic duct into the left subclavian, where it is brought in contact with the venous blood of the vena cava descendens, while the hepatic vessels bring it in contact with the blood of the inferior vena cava.

When digestion is in full progress, certain organs seem to

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transform very rapidly all the sugar which they receive; we have never found it in the spleen, the pancreas, etc. The muscles, on the contrary, seem to conserve it a much longer time.

The quantities of glycose furnished by the liver of carnivora and herbivora respectively, do not offer any characteristic differences; the sugar seems to be augmented, *cæteris paribus*, at the height of digestion.

Dextrin, whatever be the physiological state of the animal, is only met with in the muscular tissue and the liver, ordinarily in very small quantity in the latter, while sometimes either the one or the other is entirely deprived of it; the organic fluids do not contain it. (L.)

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4. *Emulsions of Oils and Fats by Carbonates.*—The following conclusions, which Messrs. Jeannel and Mousel have derived from their investigations, are of some importance in a therapeutic point of view: (*Union Medic.—Med. Neuigk.*) 1. All inorganic or organic fluids of alkaline reaction form emulsions with oily substances in distilled water; strong insoluble metallic bases have, to some extent, the same effect. 2. The process of emulsion of fats by bases is the beginning of saponification. 3. 5 centigrammes of carbonate of potash or soda are sufficient to change 8 grammes of oil with 100 grammes of water into a permanent emulsion. The intensity of the emulsory formation is in direct proportion to the intensity of alkalescence; an acid reaction of the fluid renders the formation of an emulsion impossible. 4. The pancreatic juice contributes most to the digestion of fats, because, of all digestive fluids, it presents the strongest alkalescence; the other alkaline digestive fluids may sometimes replace it. 5. The introduction of a moderate quantity of alkali in the stomach, sufficient to blunt the acidity of the chyme, or merely abstinence from acidulous food, indirectly favors the emulsion of the fats in the intestinal canal. 6. The use of sour food is to be forbidden to marasmatic patients, and the reconvalescent, because the acids prevent the emulsion of fats necessary for nutrition. 7. During the use of cod-liver oil, acids must be avoided. 8. Oily cathartics should be acidulated. 9. Oil is as general a solvent as water. It dissolves all substances necessary to the formation of organic matter, a large number of metallic oxides; it combines (not chemically) with the excess of a base in alkaline salts, and dissolves stearates and oleostearates with mineral or organic bases. 10. Metallic oils thus formed, and yielding in a fluid state the most powerful remedial agents, are nearly, or entirely tasteless, and do not irritate the tissues; the metallic and organic bases cannot be detected by the ordinary reagents. 11. Stearates and oleostearates, easily soluble in oil, tasteless, and readily assimilated, are prepared without difficulty. The bases are either directly dissolved

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in the fatty substances; or they are gained by decomposition of their soluble salts with solutions of soap. 12. In cases of poisoning, attention must be paid to the fact that oil dissolves oxides and carbonates. (L.)

(*d.*) OBSTETRICAL.

1. *Artificial Dilatation of the Os Uteri to Facilitate Labor.*—Dr. Roberts, of N. Y., has contributed two articles on this subject in the Oct. and Nov. Nos., 1857, of the *Amer. Med. Gazette*, in which he endeavors to enforce the vast importance, in the majority of cases, of aiding in the dilatation of the os by means of the finger. He quotes, in favor of his views, Drs. Hamilton and Burns, as recommending in their works this method of shortening the first stage. This is certainly good authority, and there may be others, who may favor in their works such a course, but we have equally good authority positively forbidding it; indeed, Dr. Dewees says that it is only under certain circumstances, and in rare cases that it should be attempted.

But what is wanted at the present time, is the experience of the whole profession on any subject, and from such data only can we judge, or form our rules of guidance. We must not allow ourselves to be governed by the opinions of any one man, let him be ever so prominent in the profession, only so far as they are seconded by experience and prudence. Dr. Roberts' experience has caused him to confide much in this plan, and he considers it eminently valuable in every case where dilatation is very slow, or has ceased for some time. He sweeps the finger gently round and round within the os, and then endeavors, by pressure with the finger against the anterior portion, to dilate it, and cause it to slip over the head.

Should this manipulation seem to do harm, or cause too much irritation, etc., it may be intermitted for a time, or omitted entirely. He says: "If the membranes be unbroken, care must be exercised with the finger. If broken, and the head be far away from the circle of the neck, or the latter projecting from it, the repulsion of the cervix will either fail to be effected at all, or, if persisted in with the os thick, resisting, and undilatable, will do harm rather than good, and should not be attempted."

Another application of this is in early miscarriages. He has found it of great benefit in such cases attended with hemorrhage, pain, and prostration.

Several physicians replied to his first article, by saying that they had been in the habit of using this aid for many years.

We think we have found much benefit from a similar action in many cases where the uterus contracted feebly, or the os was slow in yielding.

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2. *Treatment of Disease without Alcoholic Stimulants.* On this subject, J. Higginbottom, Esq., F. R. S., of Nottingham, Eng., has an article in the *Lancet* of May. He specially mentions Uterine Hemorrhage, and gives some results of his treatment. He considers, in many cases, alcohol causes the death of the patient rather than the hemorrhage.

"In these terrific cases, along with the stimulants were used every local application, as cold water, ice, pressure on the uterus, etc., to cause contraction of the organ. Under such treatment the patient would rally a little; but very soon the sinking pulse, the blanched face and white lips, would indicate the necessity of more wine or brandy, which was immediately given, very soon to be followed by an increased flooding and consequent lowness. This alternate state of reviving and sinking has continued for several hours, when the stomach has become so much distended and irritated by the stimulants and other fluids given, as to produce a full vomiting of the contents of the stomach; after this, the hemorrhage has ceased, the patient has gradually recovered, and required nothing more than a little gruel or tea. This happy termination by vomiting does not always take place, but the wine and brandy have been given in such quantities as thoroughly to narcotize the patient; she becomes insensible and comatose, and cannot be roused, and death takes place. Alcohol has caused her death; not the hemorrhage. The following is a case in point:—

"In June, 1823, I attended Mrs. M——, in labor; she was of a stout, plethoric habit of body; she had, after delivery, a very profuse flooding. The usual stimulants of wine and brandy, and also opium, were given her, and the customary local applications were resorted to with very little effect. Her friends became alarmed for her safety, and called in an old physician, without my knowledge, who immediately was dissatisfied with the brandy. He said it was not strong enough, it having been procured from a neighboring public house. More brandy, supposed to be of a better quality, was procured and given to the patient. The quantity administered was thought quite requisite to keep up the sinking powers of the patient; insensibility and coma ensued, breathing became heavy and laborious, and in about two hours after delivery she died. The stomach in this instance unfortunately retained its contents; her only safety would have been a full vomiting of the contents of the stomach. In this instance, I have always been of opinion that she died from alcoholic poisoning, and not from the hemorrhage."

He then gives a case to show the benefits arising from vomiting, and which caused him to abandon the employment of alcoholic stimulants.

"Mrs. C——, a delicate female, about thirty years of age. I had attended her twice in labor in the years 1821 and 1823; each time she had severe flooding directly after the separation of the

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placenta. I employed the usual local applications, and administered wine and brandy, and tincture of opium. These cases were attended with great anxiety, and I had to remain with my patient several hours before I could leave her with safety.

"On her third labor in 1826, I was afraid she would die. After having used all my remedies, and having given her a pint of port wine, and half a pint of brandy, during the three hours after the birth of the child, which proved of no avail, it occurred to me that in both the former times in which I attended her, when I had used similar means to check the hemorrhage, that there was no amendment until she had ejected the contents of the stomach. I was then most anxious that vomiting might take place in hope of relief, as she was rapidly sinking. I thought, as vomiting had been so beneficial to her in the former instances, that I was in this case justified in procuring it by giving an emetic. I directly gave her an emetic dose of ipecac.; a full vomiting soon succeeded, and a large quantity of fluid was ejected. I was much struck with an expression of my patient, which I had several times before heard in similar cases after vomiting. 'Oh! I'm better; I'm better now!' The hemorrhage ceased directly, and did not return, the symptoms of sinking abated, and the patient appeared soon in her usual state of body, but very feeble; a little plain gruel was all the nutriment given her, and she recovered gradually from the weak state."

Other instances are mentioned, and he even says the emetic of ipecac. succeeded, when the secale had no effect. He gives it in half drachm doses, considers it "a perfectly safe remedy," but has only used it as a *dernier ressort*. In many cases, the secale suffices; sometimes, he finds tr. opii of decided benefit in drachm doses, followed in an hour, if necessary, by a half drachm more, rarely finding it requisite to give a third dose. It checks the hemorrhage, and relieves the pain.

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3. *Sulphate of Morphia as an Adjunct in Parturition.* Dr. H. L. Byrd, in the *Oglethorpe Med. and Surg. Journal*, has a paper, in which he claims for sulphate of morphia parturient effects. He says he has seen dozens of cases of labor in which, when he has given it in the expectation of an anodyne effect, it has resulted in producing effects similar to the *secale cornutum*. He does not regard it as possessing *superior* properties to the *secale cornutum*, but believes it as generally certain in its effects as the latter. He has several times used it with good effect where the ergot had failed.

In the particular case quoted, he used it in the dose of one-third of a grain each half hour or hour, in solution.

He cites the authority of Prof. Steele as having "frequently seen the other preparations of opium act in a similar manner."

We should like much to know if this has been noticed by

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others, as it may account for some remarkable failures in the prevention of abortion, as where premature labor is threatened, and an opiate is administered without the good results anticipated. We hope Dr. Byrd will, at no distant day, give us more at large his experience on this subject.

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4. *Prolapse of the Funis, and a New Method of Treatment.*—Dr. T. G. Thomas read a paper before the N. Y. Acad. of Medicine, on this difficulty, sometimes met with by the obstetrician, and thinks his method for its relief likely to prove more successful than any other.

Prolapse of the funis is not rare to meet with, but, at the same time, it is not common. It occurs a little oftener than transverse presentations: about 1 in 265 cases.

The causes are: the length of the cord, excess of the liquor amnii, malpresentation, or anything which may prevent the presenting part from filling up the os and superior strait, etc. etc.

Death is the result in more than one-half of the cases.

The indications for treatment are three: "1st. We may get the cord out of danger by placing it in some part of the pelvis where it will be free from pressure as the child passes it; 2d. We may leave the cord in the position which it has assumed, and remove the child rapidly by version, if above the superior strait; by the forceps, if below it; and 3d. We may return the prolapsed part to the uterus, and keep it there until the presenting part has so far descended as to fill the outlet of the pelvis."

The first he considers as too full of risk; the second objectionable, as either in using the forceps or in turning, there is danger both to mother and child. For the third, many plans have been suggested, and each claimed by its author as infallible. He mentions some of these, and the objections to their employment, and comes to his own plan, which he calls "postural treatment." In investigating the subject, he deduced the following conclusions: "First, that the causes of the persistence of this accident (whatever may at first have produced it) reduced themselves to two, the slippery nature of the displaced part, and the inclined plane offered it by the uterus, by which to roll out of its cavity;[1] and second, that the only rational mode of treatment would be inverting this plane, and thus turning to our advantage not only it, but the lubricity of the cord, which ordinarily constitutes the main barrier to our success. This I found would be readily accomplished by placing the woman on her knees, with the head down upon the bed, in the posture assumed by Eastern nations

[1] When the woman is placed on the side, the axis of the uterus is not so favorable to prolapse as when on the back; still it aids very much in causing the accident.

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in worship, and now often resorted to in surgical operations upon the uterus and vagina. Let it be remembered that the axis of the uterus is a line running from the umbilicus, or a little above it, to the coccyx, and it will be seen that, by placing the woman in this position, it will be entirely inverted.

"In addition to these means, however, there is another of great value, which we bring to our aid. I allude to the influence of atmospheric pressure, which is powerfully exerted upon the uterus and parts surrounding it, in this position, and which has been turned to so good account in operations upon the pelvic viscera by our distinguished countryman, Dr. Marion Sims, of this city. The uterus and intestines falling forward, a partial vacuum is created, and the air rushing in to fill it, tends to carry the cord before it.

"In the course of lectures alluded to above, I advocated this treatment for prolapse of the funis, and exhorted the young graduates who were about entering upon practice to test it, and report its results, while I myself patiently waited until experiment might enable me to determine upon the value of a method which theory strongly recommended."

He has encountered, since then, three cases. 1st—seeing the patient by consultation, he did not feel authorized to employ "an untested experiment." Here, the child was asphyxiated, but recovered by Hall's "ready method."

In the second, after in vain attempting to keep the cord up, he explained his design to his patient, and "directed her to place herself on her knees, as already described, and, after the change, proceeded to return the cord. It had disappeared, and could no longer be found below the head. Upon passing the fingers alongside the head, I detected it, but, as it was pulsating, I simply kept my fingers upon it. A slight pain which was present now passed off, and, to my great gratification, the cord slipped away without any assistance on my part, and did not again appear. As soon as the os was contracted over the head, the woman resumed her position on the back, and in a short time a living child was born. The cord was very long, but an exact measurement was not made."

In the third, he was equally successful.

He gives some rules for his "postural treatment," which we give:—

"1st. That if the cord be detected in the unruptured bag, the woman be at once placed in position before escape of the waters, and that no efforts at return of the prolapsed part be made by the hand. The position alone will, I believe, cause its return to the uterus; and if it does not, we may do so manually, as soon as the waters escape.

"2d. That if the pelvis be so fully occupied by the presenting

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part as to preclude return of the cord by the hand, a gum-elastic catheter and tape be used as a porte-cordon.

"And 3d. That no manipulation be commenced until the woman be placed in position.

"4th. That on returning the cord to the uterus, the whole hand be introduced into the vagina; this is essential to success; the fingers alone will fail.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

ART. VII.—*Ventilation in American Dwellings.* With a series of diagrams, presenting examples in different classes of habitations. By DAVID BOSWELL REID, M. D., F. R. S. E., etc. etc. etc. To which is added an *Introductory Outline of the Progress of Improvement in Ventilation.* By ELISHA HARRIS, M. D., late Physician in Chief of the N. Y. Quarantine Hospitals, etc. etc. etc. 8vo. pp. xxxvii—124. New York, Wiley & Halsted, 1858. Price $2.

"SKIN for skin, yea, all that a man hath will he give for his life," was a proverb in days when "threescore years and ten" represented the minimum rather than the maximum of life attainment. We have become so accustomed to seeing half mankind die in infancy, that we have come to regard it as a law of our being—an inflexible law, the operation of which no efforts of ours can stay. We look coolly on, while one after another of youth and beauty fall before the steady march of time, ere half the problem of life is solved. Old Father Time has strayed from the fields of ripened corn, his legitimate sphere of action, and his greedy maw can only be satisfied in these days with the tender life blood of infancy and youth. Now this is all wrong—all in utter violation of the laws of our being. It is not right in a sordid, economic point of view, that more than half mankind should be cut down before they become producers—contributors to the wealth of the world. The laws of our being are daily violated in a thousand ways, from conception, to the end of the "few and evil" days of our existence, until we have grown accustomed to averages of life ranging from fifteen to thirty-five years![1] It was never intended by the Almighty that we should be brought into

[1] "The average age at death in 1841, was in Wiltshire (England), 35 years; in Lancashire 22; at Liverpool 17! that of the laborers in Wiltshire 35; operatives in Liverpool, 15!!"—*Mass. Sanitary Report*, 1850, p. 41.

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being to be thus mocked. The shortening of the average of life is one of the "many inventions" that a wicked world has "sought out."

The work before us is intended to call attention to one very important agency in this work of destruction of life, and the methods of remedying it—viz., the ventilation of dwellings and public buildings. It is astonishing how heedless man is of the great laws on which his health and life depend, and how difficult it is to get him interested in subjects bearing on these laws. The work under consideration is one of the most important that has issued from the press of this country for many years, and yet we will venture the assertion that, had it treated of how a hundred or a thousand dollars might be saved in the construction of a dwelling, instead of how it should be constructed in reference to the health and lives of the inmates, the publishers would have disposed of ten copies where they will dispose of one of this.

Dr. Reid, who recently spent two years in this country examining into the subject of ventilation of American dwellings, has left this legacy behind him, which, if its precepts are heeded by the American people, will be worth more to us than the princely gift of Smithson. Every architect and builder, and all interested in house building should possess a copy of the work, and physicians should interest themselves in making it known, and in inculcating its precepts whenever they have an opportunity. The work is well illustrated, with 100 diagrams, many of them colored, and the text is brief and concise.

The introduction by Dr. Elisha Harris, giving an outline of the progress of improvement in ventilation, adds much interest and value to the work. We trust that Dr. Harris, and others of like mind, will carry on this good work until the mind of the American people is fully aroused to the importance of a strict attention to the laws of health.

ART. VIII.—*Researches on Primary Pathology, and the Origin and Laws of Epidemics.* By M. L. KNAPP, M. D., late Prof. of Mat. Med. in University of Iowa, etc. etc. etc. 2 vols. pp. 312–336.

ON examining the preface of this work, we find the author announces his design as follows: "This work claims to unfold the Primary Pathology of Disease. It claims to set forth the *vera causa* of not only epidemic cholera, but of every other form of disease; yea, of all sporadic disease. It contains new doctrines, then, or embodies what is believed to be a substantial progress made in medical science; a philosophy that explains, on inductive

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principles, the origin and laws of epidemics—of all forms of disease, indeed—giving the *rationale* thereof. No claim is made to the discovery of new principles, only a new application of known principles, revealed through the more modern progressive sciences, physiology and organic chemistry; principles or truths which our forefathers in physic were unacquainted with, and therefore could not apply either in explanation of the pathology, or in elucidation of the rational treatment of the disease."

Dr. Knapp treats of cholera, cholera infantum, nursing sore mouth, and the scorbutic diathesis. He refers all the forms of cholera, the nursing sore mouth, and in fact all forms of disease, to this diathesis. He cites many authorities, and collects a vast amount of testimony, to prove the truth of this proposition.

These views he has been advocating for some years, but he now brings them before the medical public in a form which must command attention, and asks for them a careful and thorough examination, by commissions appointed for that purpose, by our various academies of medicine, etc.

With such a request it is but fair to comply, in fact, it is the duty of the faculty to decide upon the truth or fallacy of his premises, and the conclusions arrived at, as the subject is one of vital importance. If the fabric is built upon a weak and rotten foundation, it is best we should know it, and we will, for that knowledge, be no worse off than hitherto; but if his conclusions are correct, then, at a glance, is seen the immense importance of a diffusion of such truths to all, and the depicting them in such letters of light, that they may result in universal benefit. This is a subject which interests not only the physician, but the patient, as by the care of the patient alone can we present the fatal effects of these epidemics.

In many respects his conclusions seem well founded. The cases and authorities quoted are numerous and important; and if physicians who keep notes of their cases will glance over their modes of treatment, we opine that they will find the views of Dr. Knapp borne out to a great extent.

After a careful perusal of this work, we have found many points in which we can coincide; though some things are not quite clear. He takes quite broad ground in saying that all diseases may be referred to scorbutic origin, or are the result of a scorbutic diathesis. We must confess that many instances have been called to our mind where it would seem impossible to show any, even the slightest symptom, of scorbutus, and the taking it for granted, because other diseases have proved so, will not be at all acceptable to the majority of the profession. The proofs in each and every case must be clear and undeniable.

He has taken a bold step in thus announcing these views to the faculty—views which clash strongly against all opinions held

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hitherto, yet it is only by such a course as has been taken by Dr. Knapp that we can ultimately arrive at the truth, and be enabled to practise the healing art on truly scientific principles, without the taint of empiricism which still lingers to so great an extent around the profession.

ART. IX.—*Album of the Jefferson Medical College.* Containing a History of the College by Dr. JAMES F. GAYLEY, with Biographical Sketches of Drs. George McClellan, Eberle, Rhees, Drake, Colhoun, and others; also a complete list of the Graduates from 1826 to 1858, inclusive. Philadelphia: Joseph M. Wilson, No. 111 South Tenth Street.

IN after years nothing gives so much pleasure as, looking back upon our college days, we recall to memory the faces and forms of our beloved instructors. Every lineament reminds us of their unvarying kindness, and unwearied endeavors to store our minds with instruction, and send us abroad in every way prepared to fulfil the duties of our profession.

We are led to these remarks in glancing over the portraits in this album, and thus, as it were, meeting face to face the friends of former years.

We have here presented to us truthful pictures of each of the professors that have been, or are, connected with the Jefferson, together with a short biographical sketch of each of "those who rest from their labors," and a complete history of the College. It makes a splendid quarto volume, printed with good, clear type, on fine white paper, and bound in boards in excellent style. Between each plate are a number of blank leaves, to serve the purpose of the album, where may be written autographs, etc., which will materially add to its value.

We are much mistaken if the alumni of the Jefferson do not seize upon this opportunity, and provide themselves with so substantial a memento of their alma mater, containing, as it does, a complete list of the graduates from its organization down to the present time.

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ART. X.—*The Physician's Handbook of Practice, and Memoranda for* 1858. Containing a classified list of Diseases, with their symptoms, complications, etc.; an alphabetical list of Remedial Agents, with their properties, preparations, and doses; a classified list of Poisons, with their symptoms and antidotes; examples of extemporaneous prescriptions, and abbreviations of the terms used in prescribing, with their translation into English. To which is added a Record for daily practice, prepared for the names of thirty or of sixty patients, and other Memoranda. By WM. ELMER, M. D., and LEVI REUBEN, M. D. Second edition. New York: Stringer & Townsend, 1858.

THE above elaborate title-page precludes the necessity of our saying anything of the objects of the work before us. It is one of several forms of pocket memoranda prepared for the use of physicians, and is the most complete thing of the kind we have seen. The only fault we have to find with it is, that it contains *too much*. We fear that some fellow may possess himself of a copy, and, mistaking it for several years of hard study and a diploma, begin, on the strength of it, to practise "the art of curing diseases." A physician ought not to require to carry a whole medical library in his *pocket*. It ought to be in his *head*.

*** The following books and pamphlets have come to hand:—

1. Bucknill and Tuke on Insanity. (From Blanchard & Lea.)

2. Report of the Board of Managers of Pennsylvania Hospital.

3. Fifth Annual Report to the General Assembly of Kentucky relating to the Registry and Returns of Births, Marriages and Deaths in the State of Kentucky—for 1856.

☞ We have received the first number of the *Maine Medical and Surgical Reporter*, and welcome it to our list of exchanges. It is a monthly, of 48 pages, conducted by Drs. W. R. Richardson and R. W. Cummings, and published at Portland. Terms *three dollars* per annum. We bespeak for the enterprise a hearty support.

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EDITORIAL.

THE REPORTER IN TURKEY.

It is not often that we trouble our readers with the opinions of others in regard to the Reporter, yet, in justice to ourselves, it might be well for us occasionally to quote passages from numerous letters of commendation we receive from different parts of the country. The following testimonial is somewhat unique, in consideration of the source from whence it emanates. Under date of Sivas, Asia Minor, May 12, 1858, a physician writes:—

"Last week I had the pleasure of receiving most of the numbers of the Medical and Surgical Reporter for 1857. I have already found time to peruse, with deep interest, several of the numbers, and promise myself much pleasure and no little profit from the perusal of those which remain. I need hardly say that I am greatly pleased with the entire *plan* of the Reporter, and with its independent course. Its original communications are of a high order. Its notices and reviews are characterized with real candor and ability. Its editorial department smacks of anything but old fogyism or quackery of any sort; while its abstracts from numerous foreign and domestic exchanges are truly invaluable."

Such testimony is calculated to encourage us greatly in our labors, and we accept it with thankfulness. Our correspondent encourages us to hope that we may receive communications from him for the pages of the Reporter. There is no doubt that he will find *much* that will be of interest to our readers. Those who had the pleasure of listening to the lecture of Dr. Peter Parker, of China, before the American Medical Association, at Washington City, in May last, will readily admit that there is much in foreign medicine and surgery that will interest American hearers or readers. By the way, we will mention, in this connection, that Dr. Parker is about to publish an illustrated work on his experience, principally surgical, among the Chinese. He exhibited to the Association an extensive collection of paintings of cases on which he operated in his hospital in China.

A STUDENT'S NUMBER.

We propose to collect material for our October number, which will be of peculiar interest to the hundreds of students who will

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then be crowding our city to avail themselves of the many advantages it holds forth to those who seek the honors of the medical profession. We shall give a list of all the medical colleges and their faculties, and the private schools for medical instruction, with the names of the lecturers. We shall also give the names and situations of all the public charities to which students can have access, with the names of the physicians and surgeons, and the hours when clinical or other lectures are given. And any other information that we can gather that will be of value to the student, shall be spread before him in that number.

We trust that all parties interested in this matter will afford us every facility in our arduous undertaking. It will be to their advantage individually, and to the general advancement of the interests of medical instruction in this city, to make this record as complete in all its parts as possible.

As this number will be a complete handbook for the student during his attendance on the lectures, and as a large extra edition will be required, we would suggest to advertisers that it would be much to their interest to advertise in it.

DISEASES OF THE CHEST.

The tendency of the age in medicine seems to be toward the practice of specialties, though, it is known to our readers, that we have rather opposed the innovation. Still, there are diseases which can probably be better managed in hospitals devoted to their special treatment. This seems for a long time to have been considered a settled fact in Europe, where there are hospitals devoted to various special diseases. Among these, consumption hospitals hold a prominent place, and engage the talent of some of the most distinguished members of the profession.

The Legislature of New York has, we believe, chartered a hospital for consumptives, under the recommendation of some of her most prominent physicians.

We have heretofore called the attention of our readers to the institution advertised in another part of the REPORTER, and trust that the time will come when it will rank among the important eleemosynary institutions of this city. A great deal will depend on the countenance given to the enterprise by the profession.

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The following communication from Dr. Zeigler, the attending physician, came too late for insertion in its appropriate place.

—

Home for Invalids with Diseases of the Chest.—This institution has been in existence for the last two years under the name of the Philadelphia Hospital for Diseases of the Chest. But it is found by experience, that there is an insuperable objection to the name of "Hospital" by that class who are able to meet their own expenses and sustain such an institution. At present it can only receive those who are thus able to support themselves, though it is the desire and intention of its projectors to provide an eleemosynary department for the worthy poor, so soon as the means can be obtained. This department to be then made practically useful in the clinical instruction of medical students. In the organization of this institution it was thought better to provide, first, for those who had the means for their own support, and, through them, excite an interest in behalf of the afflicted and worthy poor. This opinion has been strengthened by experience. The present difficulty is to keep up the institution, and the question is whether the movement shall stop altogether, or go on under another name? The latter is considered most advisable. This change of name has the sanction of the consulting physician, Prof. Samuel Jackson. It is for the advantage of the profession to sustain all such movements, as they tend to increase the knowledge and extend the area of legitimate medicine, while they directly benefit a great number of invalids who are travelling about from place to place in search of health, who would otherwise be deprived of many comforts; or become the prey of empirics, and thus be subjected to much imposture and suffering, if not absolute loss of life.

☞ The Editors of the REPORTER will receive a few private pupils into their offices, to whom every facility will be afforded for acquiring a thorough knowledge of medicine in all its parts. Their students will have the advantage of the use of all the modern text-books, and large libraries of standard works and files of all the medical journals of the day, for reference.

Dr. Butler's office is at 701 Arch Street—northwest corner of Seventh—and Dr. Atkinson's at 215 Spruce Street.

☞ Dr. J. H. B. McClellan, of this city, has been elected to fill the vacancy in the Medical Department of Pennsylvania College, caused by the removal of Dr. Richardson to New Orleans.

☞ We have room merely to announce that Dr. R. K. Smith has been re-elected Chief Resident Physician to the Philadelphia Hospital, Blockley—thus effectually redeeming that institution from the disgraceful position which it has for some time occupied.

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SELECTIONS.

Illustrations of the Reciprocal Sympathies between the Uterus and Bladder in Women. By W. F. MONTGOMERY, M. D. Read before the Medical Association of the College of Physicians, 4th November, 1857.

IT is familiar to us all, that in the human female there is an intimate reciprocal sympathy between the uterus and bladder, and other parts of the urinary apparatus; so that, under a variety of circumstances, when the former organ is the seat of any anomalous action, or brought into a state of exalted sensibility, whether from natural or morbid causes, the latter is not only liable, but very apt to sympathize, and suffer correspondingly.

This is constantly exemplified in the increased urinary irritation so often accompanying ordinary healthy menstruation, and still more remarkably, when the latter function happens to be painfully performed. Again, in early pregnancy, the same thing is observed; and the remark is trite, that morbid actions in the uterus, whether benign or otherwise, often have the earliest announcement of their invasion, in symptoms of disturbance first noticed in the functions of the bladder.

Thus, congestion or slight ulceration of the cervix uteri, and still more strikingly, malignant affections of that part, frequently excite, in the first instance, in the patient's mind, only apprehensions of gravel, or some vesical disease, for which alone she is induced to seek advice; but woe betide us, in this and many other circumstances, if we let ourselves be beguiled into the belief that because a particular organ or locality is affected with certain anomalous symptoms, it is therefore the seat of some disease, of which these symptoms are to be taken as indications; and so prescribe.

Mrs. C. had, for a long time, intense, intolerable, distracting itching of the perineum and anus, which really rendered her life miserable, and for which she had consulted many, and used a multiplicity of remedies; many of them, no doubt, very appropriate for pruritus, but not for her. When she came under my care, I also, at first, adopted the wrong course; I prescribed for the symptom, and not for its cause. But fortunately, after seeing her a few times, something led me to suspect the existence of intestinal worms. I gave her a dose of the kousso, which caused the expulsion of some very large lumbrici, and all her troubles were forthwith at an end.

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Mrs. M. consulted me for pruritus of the pudendum, from which she suffered to such a degree, and it was accompanied with other symptoms of so distressing a kind, that she declared she loathed herself, and felt her life an intolerable burthen to her. She had used gallons of lotions, and all sorts of ointments, without the slightest relief. Examination showed an intense congestion of the cervix uteri; this was made the object of treatment, and on its removal, the pruritus and its miserable concomitants totally ceased.

And again, we must remember that vesical disturbances may produce a group of symptoms so closely resembling those arising from disease of the uterus, as to be mistaken for them.

Several years ago, there occurred in this city a case forcibly illustrative of this, and which excited no small sensation. The wife of a general officer, at that time holding the highest military command in this country, began to complain of distressing symptoms, having all the characters of those produced by uterine disease. Such was her own conviction, and on her consulting an accoucheur, then in large and high practice, her worst fears were confirmed; he pronounced the affection to be cancer uteri, and could only promise palliation. But she had many anxious friends, whose happy privilege it is always to hope for the best, and some of them urged upon her the necessity of having another opinion; to this she at last consented, and the gentleman called in pronounced the case to be one of stone in the bladder; the stone was extracted, and the lady passed at once from a state of pain and misery to one of comfort and happiness.

A few years since, a patient came to consult me, stating that, to gratify her friends, she had come to town for my advice, although quite aware that she could not be cured. She also handed me a written statement of her case, which set forth that she had had seven labors of terrible severity, owing to contracted pelvis, always requiring instrumental delivery; that for some months she had exhibited unequivocal symptoms of the existence of cancer uteri; and I confess that, from this account and the woman's own description of her symptoms, I thought there was little room for doubt as to the nature of her malady. However, I, of course, gave no opinion, and suspended my judgment until I should have instituted a careful examination; on doing so, I could discover no disease of the uterus, but the neck of the bladder was distended and felt very hard. I passed a sound into it, which at once struck against a stone of considerable size. Mr. Fleming now saw the case with me, the stone was removed, and the woman soon returned home well, and continued so.

In practice, we find that there are, at least, four forms of disturbance of the functions of the bladder, which are not unfre-

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quently produced by parturition, even when that process is easy and natural:—

1st. Irritability, causing an inconveniently frequent desire to discharge its contents; and this with a certain amount of pain.

2d. Loss of expulsive power; the natural sensibility being unaffected.

3d. Total loss of the natural sensibility, or irritability, which prompts to the evacuation of the contents of the organ.

4th. A peculiar form of hysterical retention.

The first two of these states require little more than to be glanced at; the third and fourth demand a somewhat more particular consideration.

1st. The irritability of the bladder which succeeds labor, almost always, yields readily to soothing measures, such as warm anodyne fomentations, a linseed meal poultice, opiate and camphorated embrocations, an opiate suppository in the rectum, or the administration of the mist. camphoræ c. magnesia, with tincture of hyoscyamus and syrup of poppy. Should there be reason for suspecting inflammation, it may be necessary to apply a few leeches, and use other appropriate remedies; but this is rarely the case.

2d. When the expulsive power is in abeyance, but the natural sensitive irritability remains unimpaired, the desire to evacuate the contents of the organ becomes distressingly urgent, in proportion to the amount of accumulation within it.

This condition is sometimes produced by pressure from the uterus happening to be larger or lower than usual, perhaps displaced, or from the presence of an uterine tumor, in which case, raising up the obstacle may remove all difficulty. Sometimes, merely permitting the patient to assume the sitting position may suffice. Should these plans not succeed, the introduction of the catheter gives the desired relief.

3d. Again, there is the third and most important variety in which there is no irritability, not even the natural desire to evacuate the urine, nor sensation, nor consciousness of requiring to do so, although a large accumulation is taking place, which will soon produce symptoms, not alone very distressing in themselves, but, what is worse, conditions which may lead us greatly astray, and excite groundless apprehensions of great impending danger; and it will not lighten our discomfort, should it turn out, as has often happened, that the patient owes all her annoyance to our inadvertence, or to the carelessness of the nurse-tender; for, if we are careful in making the requisite inquiries, and give the proper directions to the nurse, and she attend to them, the accident, of which I am about to speak, could not happen.

The first time I remember to have had my attention drawn to this condition was in the year 1832, and in the case of an esteemed

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medical friend's wife; who was delivered of her first child, after a natural labor of fifteen hours, presenting nothing unusual, if we except the most tremendous rigor I ever witnessed, which occurred shortly after delivery, and was so violent that I really thought it must have ended in convulsions; but simple means removed it, and she went on well. Before leaving her, I cautioned the nurse to encourage the lady to pass water in the course of the evening, as she had not done so for several hours; this, however, was neglected, as the lady neither expressed, nor felt any want; and, at my next visit, I found my patient very feverish, with headache; a pulse above 120; the belly tumid and tender to the touch. Before proceeding to introduce the catheter, of which she had a great horror, I advised her trying to pass water, which she did, to the amount of at least two quarts, with instant relief to all the symptoms. Her convalescence was uninterrupted.

The next case occurred to me under circumstances which invested it with a very unusual interest, and caused it to make a great impression on me. I happened to be staying for a few days in a very fashionable watering-place in England, where there resided a family of great wealth and consideration in society; the eldest son of which had married a lady of large fortune and high connection. This lady had recently been confined of her first child; and, as may be readily supposed, the attendance upon her had been a matter of warm ambition among the local practitioners; and the gentleman who carried off the prize was, I fancy, more envied than congratulated by his confreres.

I met this gentleman accidentally in society, and the following morning he called on me in a state of painful agitation and distress: "I am," he said, "in a terrible dilemma, and fear I am a ruined man." He then proceeded to tell me that he had attended Mrs. *** three days before; that she had rather a severe labor; and that at the end of thirty hours, finding the labor not likely to terminate by the natural efforts, the head having remained stationary for several hours low down in the pelvis, and pressed strongly against its floor, he had delivered her with the forceps, without, as he assured me, any difficulty whatever. All then seemed well; but next day, the lady was uncomfortable, restless, feverish, and rather larger than she ought to be, and this state went on increasing until the third or fourth day, when, to his horror, the urine began to trickle away incessantly, and a slough, about the size of a sixpence, was discharged from the vagina. He at once, naturally enough, concluded that a vesical fistula was established; and I, taking his account as my guide, thought there was but little doubt that his worst apprehensions would be realized.

At his urgent request, I accompanied him to visit the lady, whom I found with a hot skin, much headache, a very quick

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pulse, a very distended abdomen, which was moreover so tender that she could hardly bear it to be touched; but I distinctly ascertained the presence of fluid. On examining per vaginam, I could detect by the finger any breach of surface along the anterior wall, or back of the bladder, and I suggested to Mr. *** that it would be well to pass a catheter into the bladder; which at his request, I did; and gave exit to a quantity of urine, sufficient nearly to fill an ordinary wash-hand basin. Subsidence of the abdominal swelling immediately took place, the lady felt inexpressible relief, and from this day went on well.

The truth was, that the bladder had been forgotten by all the parties concerned; and the patient had never passed water since her confinement, nor felt a desire to do so, until at last the bladder became so distended, that the resistance at its neck was overcome, and the urine leaked out at the front as fast as it was pumped in from the ureters at the back; and it so happened that, just as this began, a small slough had separated from the mucous membrane of the posterior wall of the vagina, which had been strongly pressed on by the head for several hours.

4th. Another state, not exactly ranging under any of the former kinds, seems to be of a purely nervous or hysterical character, and mixed up with a certain amount of *mauvaise honte*. The patient has a decided desire to pass water, and suffers distress from its retention; but has, at the same time, the greatest reluctance to make the necessary effort, and positively refuses to try, if any one, even the nurse-tender, is present, declaring that it would be impossible for her to succeed.

Under those circumstances, suitable arrangements should be made by the nurse, and the patient then left by herself, for a time, during which she may succeed in accomplishing the desired object; if she does not, some anti-nervous medicine should be given, with strong assurances of its potency in removing such difficulties; let her try again during our absence, and if she has not succeeded when we come to pay our next visit, we must declare that longer delay would be unsafe, that we will wait a little while in the drawing-room, and if she does not then succeed, that we must draw off the water before we leave the house; this generally insures success.

Now, is this state which I have just been attempting to describe, analogous to, or identical with another, which I have a few times met with in practice, and which may be thus described?—A lady in perfect health retires to her bed-room for the night, and before lying down to rest, attempts to make water, and finds she cannot—she is much surprised—goes to bed, and perhaps falls asleep; in the morning, she is in great distress, but still unable to empty the bladder, and now her pain is so great, she is compelled to seek for assistance—the catheter is introduced, and

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all her trouble is at an end; or, perhaps, for several days, its use continues to be required, and then all goes on as well as ever; but, in either case, no circumstance of general ill health, or local derangement or displacement, can be discovered. The woman, in fact, is otherwise quite well.

The year before last a married lady of a highly nervous temperament, so affected, drove six miles into town to my house, in great torture: I drew off the water, and she required no further assistance.

Last year I was urgently summoned to see an equally nervous maiden lady similarly situated; on laying my hand on the abdomen, I felt a tumor, as large as a melon, and as hard as a cricket ball; and per vaginam, it really, at first, suggested the idea of a fibrous tumor of the uterus, this organ being quite displaced. I introduced the catheter, drew off a large accumulation of urine, and the abdominal tumor—which was nothing more than the distended bladder—at once disappeared. The feature in this case which particularly arrested my attention was, the extraordinary hardness and the distinct outline of the abdominal tumor, which would readily have caused it to be mistaken for a solid morbid growth.—*Virginia Medical Journal*, May, 1858, from *Dublin Hospital Gazette.*

HOME FOR INVALIDS
WITH
DISEASES OF THE CHEST,

S. W. Corner of Chestnut and Park Streets,

ON THE ROUTE OF THE CHESTNUT STREET LINE OF WEST PHILADELPHIA OMNIBUSES,

PHILADELPHIA.

This Institution has been established with a view to combine all the best hygienic and medicinal means in the treatment of Diseases of the Chest.

The house, grounds and locality have been selected with special reference to the wants of invalids.

The house is commodious, well ventilated, and replete with modern conveniences. It is furnished with strict regard to comfort and the promotion of health; special effort having been made to render it a cheerful home and a desirable retreat for invalids. The grounds are pleasant and attractive, and the location high, healthy, and beautiful.

The Medical Board consists of a resident, an attending, and a consulting physician.

Attending Physician, GEO. J. ZEIGLER, M. D. Consulting Physician, Prof. SAMUEL JACKSON, M. D.

☞ *Application for admission may be made to the attending physician, daily (Sundays excepted), from* 11 *to* 12 *o'clock.*

Applications in writing, or letters of inquiry, may be addressed to

JAMES W. WHITE, Secretary.

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THE

MEDICAL AND SURGICAL REPORTER.

VOL. XI. AUGUST, 1858. No. 8.

ART. I.—*Case of Dysphagia.* By FAYETTE JEWETT, M. D., Sivas, Asia Minor.

[In the following article Dr. Jewett seems to describe his own case, which would appear to be an anomalous one. What is the nature of the difficulty, and where is its seat? These are questions of vital importance to the patient, as the difficulty goes on increasing. We do not feel qualified with the mere statement before us to give an opinion, and yet would venture the suggestion that there may exist a lesion of the spinal cord which may derange the nervous supply to the part affected. Is there tenderness in the course of the spine? Has counter-irritation to that region been resorted to?

If any of our readers have anything to suggest on this subject, we hope they will communicate with us as soon as convenient. Dr. Jewett writes us that several of the most eminent physicians and surgeons of New York, Boston, and other places, have been consulted by letter in regard to the case. We hope some of our readers will give the subject their attention.—EDS. MED. AND SURG. REPORTER.]

MY age is thirty-two years; temperament sanguine; general health very good; constitution, naturally strong.

The local difficulty from which I am suffering commenced about fifteen years ago. It consists essentially in a difficulty of deglutition, in respect both to solids and liquids.

The phenomena attendant upon this trouble may be best illustrated by a statement of what occurs whenever I take my ordinary meal.

When I *commence* eating, and for a little time after that I have begun to take food, I swallow apparently as well as any one else. I experience no difficulty at all. But ordinarily, before I have eaten one-*fourth* part of a meal, I begin to feel a sense of obstruction—a sort of constriction, apparently in the œsophagus—as it seems to me.

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As I continue eating, this sense of constriction gradually increases. It does not ever amount to pain, sharp or dull, but is rather a feeling of constriction, accompanied with considerable dyspnœa, and an inability or seeming inability to speak. This sense of suffocation becomes insupportable, if I continue to eat, and relief is obtained in only one of two methods. Either, after considerable voluntary effort, a regurgitation of the food just taken is effected, or a *large* quantity of fluid (ordinarily water) is drank at *once*, and thus the obstruction is removed, and immediate relief follows. In thus drinking, the first and second glasses of water only seem to increase the feeling of constriction, and it is not until after the contents of the third or fourth glass are poured hastily down that the obstruction is removed, and relief obtained. The water seems to act mechanically, by *forcing* the food into the stomach. This once *well* accomplished, I feel just as well as when I first began to eat.

Then I commence eating a second time, again experience the same difficulty, after having taken about the same quantity of food, and relieve the obstruction as before, viz., by forcing down as fast as I *can* two, three, and not seldom four, ordinary-sized glasses of water. Usually I eat and "drink" thus twice at each meal. Sometimes, from some inexplicable cause, I am unable to remove the obstruction, even though I drink a *very* large quantity of water, say five or six glasses. Then the distress is much aggravated; the dyspnœa is much increased, and I wheeze like a man suffering from an attack of asthma. This continues until, in some way, either by putting my finger in my pharynx, or by a voluntary muscular exertion, I am able to effect a regurgitation of the food taken. All kinds of food, liquid and solid, meet the same difficulty of deglutition. Highly-seasoned dishes, and those of a more *liquid* character, are swallowed with more difficulty (that is I am sooner obliged to drink) than unseasoned, and more solid and dry kinds of food. In drinking simple cold water, or any other fluid, I experience the same difficulty as in eating solid food. When I have drank one glass of water, I am obliged to drink at once a second and a third glass, in order to remove the sense of constriction produced by the first.

When I commence eating, I can take a *small* quantity of food, before experiencing any sense of obstruction. But suppose that,

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after having taken this small quantity of food, I were then to stop eating, and *not drink* at all, the result would be, that in about fifteen to thirty minutes, I should have a feeling of uneasiness in my stomach or œsophagus, which would soon be followed by a frequently repeated *regurgitation* of the small quantity of food which had been taken, accompanied with more or less of a fluid secretion. I tried at one time this experiment of eating but a little, and not drinking for three days, and came near dying of inanition.

Sometimes an indigestible article of food, after having remained in my stomach (or somewhere else) for twelve or fifteen hours, will, all at once, come up into my mouth, unchanged in taste or appearance, except having become, it may be, a little softened, by the macerating process it has undergone.

Oftentimes at night, just as I begin to drowse, a spasm occurs in the stomach or œsophagus, which throws up a portion of liquid food with such violence as to fill my mouth, and even to pass into the posterior nares, and come out at my nose.

Frequently during the latter part of the night, while asleep, I am attacked with dyspnœa and violent spasmodic coughing, so that I am obliged to rise from my bed and regurgitate a quantity, more or less, of partially digested food mixed with a tasteless water like *fluid*. In the morning, soon after rising, a considerable quantity of such fluid is sometimes thrown up. Occasionally, though seldom, I have an attack of proper pyrosis. My appetite is very good, and I very seldom suffer from any of the ordinary symptoms of indigestion or dyspepsia. Seldom am troubled with either diarrhœa or constipation.

This difficulty of deglutition began very gradually, and has continued slowly and almost imperceptibly to increase up to the present date. At one time, a glass two-thirds full of water occasioned as much relief as I now derive from drinking three or four.

At no time has pain or sense of soreness been produced by pressure or percussion of the epigastric region. At one time a common sized ivory-tipped probang was passed, without the least difficulty, quite into the stomach.

The chief remedial agents that have been tried, are the oxide

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of zinc, Prussic acid, and electro-galvanism; none of which seemed to produce any effect.

Is this case probably curable? If not curable, will it probably *yield at all* to medication? If so, to what extent? What is the *nature* of this disorder? what its prognosis? what its treatment? and how long should medication, if tried at all, be persevered in?

ART. II.—*An Anomalous Case.* By R. H. PAGE, M. D., Columbus, N. J.

DURING the epidemic of scarlet fever that has been prevailing in Columbus and neighborhood, more or less extensively, for several months past, I had in charge a lad aged 14, laboring under the disease; when attacked he was convalescing from hooping-cough. The disease, as usual, was ushered in by vomiting, followed by fever, and all the symptoms peculiar to anginose scarlatina, excepting rash. He had a fast, nervous pulse; tongue was characteristic; the tonsils were inflamed and œdematous; throat filled with a tough, viscid mucus; profuse discharge from the nostrils; deafness, and in a day or two discharge from the external meatus. Sleeplessness was a very prominent symptom for the first few days; indeed the brain appeared to be similarly affected to one laboring under mania-à-potû, although there was this entireness of symptoms, yet at no time during the course of the disease was there rash, neither was there desquamation. My treatment of the case was very simple—laxatives, camphor water, water acidulated with nitromuriatic acid as a drink; Dover's powder at bedtime, and mustard foot-baths; for the anginose affection emollient cataplasms, and the following gargle: ℞.—Zinci sulphatis ʒj; aq. font. f℥v; mellis f℥j.—M. The case progressed very favorably till, during the second week of convalescence, he was attacked with soreness and swelling of several of the joints, with diffuse redness, accompanied with fever of a remittent type, having an exacerbation every afternoon, and remitting with profuse sweat towards morning. I at once pronounced it rheumatism, and put him under the use of colchicum and quinine. I continued this treatment several days; the fever moderated, and

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lost its remittent character; the sweats continued irregularly, though much less profuse; but there was no amelioration of the local affection, more soreness, and I thought I discovered some fluctuation about the left ankle-joint. If I was right in diagnosing rheumatism, this fluctuation would have indicated dropsy of the joint, for it is a truism that rheumatism never generates matter, but from the character of the fluctuation, and the situation of the deposit, which appeared to surround and not enter the articulation, I was inclined to believe that it was a formation of matter. I had to abandon the idea of rheumatism, omitted the colchicum, and alternated the quinine with a teaspoonful of the following: ℞.—Potass. iodid. ʒij; ext. conii ʒss; syr. sarsap. c. f℥iv; every two hours, and ordered the joints poulticed. In a few days the left ankle pointed and broke just above the external malleolus; at first there was a discharge of a quantity of clotted blood (I had to enlarge the opening to allow it to pass), succeeded by a thin, inodorous, bloody matter, which was very profuse; it discharged for a week or ten days, then healed, and in a few days broke just above the internal malleolus; at first discharged more than a gill of bright arterial blood, followed by a thin, bloody matter, which discharged freely for more than two weeks. In the mean time, the right hand and left hip gathered and broke; at first discharged blood, and then matter of the same character. The right ankle and left wrist were both much swollen and sore, but there was no formation of matter in either. I ordered them washed with the tinct. of iodine twice a day, in addition to the poulticing. Whether it had any influence to prevent the formation of matter, I am unable to say, but am inclined to believe that it had little or none, for at the time these joints were affected, the system had reacted, and by the assistance of the general remedies, was better able to cope with the disease. During this formation and discharge of blood and matter, the system became very much reduced; his appearance was perfectly anæmical. I prescribed iron, cod-liver oil, continued the iodide of potassium, and allowed him wine, with a rich, nourishing diet. Under this treatment the local affection and the general health gradually improved. He is now well, with, I am sorry to say, an anchylosed wrist and ankle. There was no pain during the whole process of

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the formation and discharge of the matter, but extreme soreness; the mere touch would occasion exquisite suffering.

We are all familiar, either by sad experience or reading, with the various sequelæ of scarlet fever, dropsy, rheumatism, inflammations of the heart and brain, glandular swellings, and abscesses, otorrhœa, and a long train of evils at which one turns shuddering away; but I believe such an affection as I have described is an anomaly as a sequela to scarlet fever.

Is there not a dependence in an inverse ratio between the rash of scarlatina and its various sequelæ? It is a well attested fact that the mild and partially developed cases are more apt to be followed by some of the sequelæ than the severe and well developed ones. Why is this? The less amount of care to prevent exposure and imprudence in diet is the usual explanation, no doubt true to a certain extent, but I cannot think that it is the whole cause. Does not the rash, when fully developed, rid the system of a certain amount of poison, or of the debris of the disease, that enables the "vis medicatrix natura" to overcome the tendency to diseased action? In the case that I have described there was no rash, and if the above theory is correct, the system must have been loaded with the generative and generated poison of the disease. But the case derived its chief interest from the character of the discharge. Why, and from what source was this blood discharged? If it had occurred in an old, worn-out, or depraved constitution, and have shown an indisposition to heal, it would have been presumable that the ulcerative process had affected the coats of some of the smaller bloodvessels; but occurring, as it did, in a young, robust lad, without any scrofulous taint, and healing readily, the coats of the vessels would certainly have enough vital energy and tone to resist the ulcerative process. Did not this discharge of blood depend upon the exosmotic action of the coats of the bloodvessels, and not upon the destruction of their continuity?

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ART. III.—*Foreign Bodies in the Eye.* By J. HENRY CLARK, M. D., of Newark, N. J.

WHEN we reflect upon the surprisingly intricate structure of the eye, the delicacy of its membranes, and the necessity of the exact performance of its function, in order to secure its usefulness, we cannot but wonder at its power of resisting injuries. In a large manufacturing city like ours, almost every variety of accident occurs. Probably two hundred times in a year I am called upon to remove some foreign body from the cornea, which has become imbedded or adherent. I have made it a rule to remove an object, if possible, at once, even at the risk of abrading the cornea, preferring to leave the eye to recover from the injury, than to leave it to take its chance with the foreign body still in the eye. On looking back over a record of more than one thousand cases, I cannot find a single instance in which any permanent injury has been produced by such a removal. I could refer to many cases in which the presence of a metallic body for a day or two has produced a permanent opaque cicatrix, which was fatal to the most useful vision, and many others in which the penknife of some fellow-workman, or foreman, had produced irreparable injury. For the removal of "fire in the eye," or bits of metal sticking in the cornea, I use a curette, applying it like a lever, under the edge of the metallic scale, having previously discovered with the glass the precise shape and situation of the foreign particle. A little practice and tact will enable the operator to remove the offending object without injury, and to the great relief of the patient. In looking over many cases of interest, except one reported six years ago in this journal (see *New Jersey Medical Reporter*, May, 1852), in which molten lead was thrown into the eye, taking a complete cast of the cornea, and from the effects of which the eye *entirely recovered*, none is more unusual than one that has just now passed out of my hands.

William McVay, of Belleville, N. J., aged 19 years, was engaged at Bloomfield, N. J., loading wheat, when, by accident, a bundle of grain was thrown directly in his face while his eyes were turned upwards. He received, in consequence, a piece of straw or beard

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of grain in one of the eyes. Twenty-four hours after the accident, he called at my office.

I found a small abrasion of the cornea, and following it along, I perceived a piece of straw lodged in the anterior chamber of the eye. Having illuminated the chamber by means of the ophthalmoscope, I discovered that the straw lay upon the iris, the shape of which was changed, and the edges of which gave evidence of incipient inflammation. The end of the straw penetrated, I feared, even to the crystalline lens. The eye presented a muddy appearance, and there was scarcely any vision. Notwithstanding that cases occur often in which bodies are removed from the anterior chamber of the eye after the lapse of weeks, still it was evident that in this case the offending object *must* be speedily removed, in order to preserve the eye from injury or loss. I therefore proceeded at once to enlarge the opening in the cornea with an iris-knife, until I could touch the straw with a small silver probe. Having prepared a pair of jeweller's forceps, with a long point, carefully ground to a small size, and so constructed as to seize an object at the very point, I introduced the extempore instrument into the anterior chamber, and drew out a piece of wheat straw measuring three-eighths of an inch in length, and about one-sixteenth of an inch in breadth, to the great relief of my patient, and much to my own gratification. I then ordered remedies calculated to prevent the occurrence of iritis, and to counteract inflammation, and sent my patient home.

He called the next day, relieved from pain. The eye had greatly improved in appearance. I ordered the continuance of low diet and the powders of calomel and opium, ordered the day before.

On the third day, his eye had nearly recovered its brilliance, and in less than a week was entirely well, presenting no trace of the accident, except a small cicatrix near the margin of the sclerotic, where I made the opening into the anterior chamber. Even this cicatrix is scarcely observable, unless the eye is examined with a glass, or the precise spot is pointed out.

Notwithstanding the favorable results so far, it is barely possible that the straw has punctured the capsule of the lens, and that absorption may ensue. Mackenzie relates several cases in which grains of powder have been propelled through the cornea, tra-

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versing also the lower part of the iris, and, stretching the lens, produced cataract. The cornea and iris have, however, apparently recovered from the effects of the accident.

The allusion to gunpowder reminds me that among half a dozen cases of Fourth of July accidents, which have fallen under my observation this year, is one that deserves mention. A young man received the contents of a pistol just over his forehead. The wadding passed through his hat, and the powder was propelled into his forehead and eyes. I removed perhaps forty grains of powder from the cornea on the second day, and during the week following probably twenty more. None penetrated through the cornea, which has since fully recovered its transparency. The eyes bear no evidence of the injury, except that some few grains of powder remain entangled in the folds of the conjunctiva sclerotica.

The hardness of the cornea, and its capability of recovering from the effects of injuries, furnish the eye its most efficient protection. If there is no constitutional defects it readily recovers from disease, and, on the whole, is rarely attacked, even when the surrounding tissues are involved.

The *manner* in which the cornea is wounded, is more important than the *extent* of the injury. The very smallest wounds, when violent, are attended with danger, while large incised wounds, *gently* inflicted, often cause no inflammation. The concussion of the nervous structure, and the laceration of the delicately organized parts, produces often, despite remedies promptly applied, the most serious constitutional and local results. The age, constitution, and habits of the patient are all to be taken into the account. The robust beer and brandy-drinking reapers in Bavaria seem to be peculiarly exposed to injury. They work with their heads down, and receive slight injuries of the cornea, which they neglect because of their careless and intemperate habits, and because the injuries are really slight. The result is, that "Walther found, in the Isar districts alone, from fifty to sixty eyes annually lost in this way during the harvest."

I received a call, early on the morning of the 5th of July, of the present year, from a son and mother, who had *each* the cornea of one eye cut entirely through with the sharp-pointed fragment of a bottle, which had been violently thrown from some distance.

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I gave an unfavorable opinion, not more because of the nature of the injury than its method of infliction. With regard to the son, if the eye had been cut as it was across the lower part of the cornea, notwithstanding the iris was slightly involved, gently with a sharp knife, I should have hoped to preserve to him useful vision, but the result was as I predicted, disastrous. The eye of the mother was deeply cut by a penetrating wound directly across the cornea, in the centre of the organ, and extended through the iris, and probably through the lens. She died comatose, about twelve hours after, probably from the effects of a dose of opium, taken by mistake, but perhaps from the effects of the concussion of the nervous structure of the eye, which may have extended to the brain. The patient was between sixty and seventy years of age.

With regard to the removal of foreign bodies from the cornea and anterior chamber, it is often expedient not to attempt it. Less injury will be done by the object sometimes than by the efforts to effect its removal. If there is no evidence of inflammation, foreign bodies become encysted in the anterior chamber, and lie for years without producing disturbance, and small objects imbedded in the cornea loosen themselves after a few days. Though there is danger in permitting them to remain, in some cases it is the safest method, especially unless the surgeon is accustomed to removing them, and has at hand the appropriate instruments.

If foreign bodies in the eye cause pain after a long period, their removal becomes a matter of imperative necessity. Dr. Iager, of Vienna, removed a piece of glass which had been encysted in the anterior chamber of the eye for six years. Its presence caused constant suffering. In a case that I reported in this journal in 1852 (the May number), I removed a piece of percussion cap that had remained in the eye eleven years. The piece of copper weighed three grains. It consisted of part of the bottom, and of the fluted side of a cap, considerably covered with rust. The other eye was beginning to suffer. The patient was very much emaciated, and could not have long survived. The relief was immediate and permanent. The patient coming into my office six weeks after, I failed to recognize him. He had gained thirty-six pounds, and had returned again to the business which he had

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before abandoned. It required, before the operation, more than an ounce of tinctura opii to be administered twice or thrice a day, to keep him tolerably comfortable, or to secure him any sleep.

ART. IV.—*Case of Pudendal Hernia.* By WM. JOHNSON, M.D., White House, N. J.

I WAS requested, on the 26th of May last, to visit the wife of J. P. Her age is about 30 years, and she is the mother of one child, about four years of age. I was called in upon account of severe hysteric paroxysms, to which she has been subject for many years. During my attendance upon her, she consulted me on account of a tumor in the pudendum, which made its appearance one year ago. The tumor was of the size of a large hickory-nut, and could be plainly felt about midway on the right labium. I passed my finger into the vulva, and could there feel it much more distinctly. It possessed considerable firmness, and could be traced under the pubis, near its junction with the ischium. It communicated to the touch the sensation of a strangulated intestinal hernia, or rather that of a tense encysted tumor. Handling it gave her no pain, and the position of the body did not affect it. Her bowels have generally been regular, but when confined the tumor is painful. The tumor has always been uniform in size. Just before it made its appearance, she had been injured by a fall which fractured her thigh. Three days after her confinement from the injury, she discovered this tumor, but never mentioned it to any one.

Such were the facts elicited in the case, and perhaps they ought to have been sufficient to have satisfied my mind as to its true nature; but I candidly confess they did not. My embarrassment arose from the situation of the tumor, the comparatively little inconvenience it had produced, and the date of the case; but all these difficulties were removed in the course of two or three days from this visit. My patient, feeling herself much improved in health, got up from her bed to breakfast with the family, and whilst at the table she was attacked with several severe pressing pains in the tumor, and with the last it was suddenly retracted

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within the abdomen. She was much alarmed at the great change, and sent for me in haste. I found her in bed. Upon examining the pudendum, I found no traces of the tumor. There was no longer any doubt of the case being hernia. The question now was, how should a recurrence of the accident be prevented? My first direction to her was, to remain a few days in bed. She, however, complied with my request but for a very short time. She soon arose from her bed, and the hernial tumor again reappeared. It disappeared, however, upon returning to bed; but this was not the case in every instance afterwards. At one time in particular, she could not replace it, until her husband raised her breech much higher than her shoulders, and she then returned it. The tumor, which formerly incommoded her so little, now distresses her very much whenever it is out. The only retentive apparatus which I had employed was the T bandage; but I found this insufficient to keep the bowel in situ. I advised her, therefore, to get on board the cars and go to New York, and obtain a proper truss. I sent her to my obliging friend, Andrew Otterson, M. D., of Brooklyn, who, from his long acquaintance and familiarity with the city, could best counsel her in this business. He directed her to a gentleman boarding at the Astor House, in New York, who, in the course of a few days, constructed an instrument which promises to fulfil every indication. The instrument is a modification of the T bandage. A firm spring presses against the hernial tract, and keeps the part in situ, and the perineal band does not interfere with dejection and micturition.

Remarks.—Cases like the above are, in my opinion, very rare. This is the only one which has ever fallen under my observation. A medical friend, who was associated in the charge of a large public charity, among some thousand cases saw but one similar to that which I have related. This case, he states, gave him prodigious trouble, and every instrument which he employed failed him. He found that the T bandage was the preferable means in keeping the bowel in situ, but protrusion would still frequently take place.

My principal object, however, in the publication of the foregoing case, is to call attention to the vast importance of correct diagnosis of pudendal and vaginal tumors. There certainly was some danger, in the case which I have narrated, of mistaking it

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for encysted tumor. "With the exception of Dr. Ashwell, no writer on the diseases of females, that I have consulted, speaks of the points of similarity presented by some cases of encysted tumors of the labium and vaginal and pudendal hernia. He remarks that he has known much difficulty arise, in diagnosis of this tumor, from a hernia. It is true that, for one case which will present any difficulty in diagnosis, we may meet with a dozen where no such obscurity exists; yet, from the occasional occurrence of such cases, the practitioner should examine all with care before attempting a cure; for it is strange that though the differential diagnosis between inguinal tumors and hernia in the male is insisted upon with great force by all writers on these subjects, yet in works especially devoted to diseases of women, little attention is paid to the matter."[1]

ART. V.—*Abstracts prepared expressly for the* REPORTER *from Exchanges at this office, and from other sources.*

(*a.*) SURGICAL.

1. *Nævus treated by the Injection of Tannic Acid.*—In the *Lancet*, we find the following interesting case as having been treated at St. Mary's Hospital. The patient was an infant, about one year old, with a nævus at the root of the nose, which had been treated in various ways, but unsuccessfully. Mr. Haynes Walton made, with a narrow tendon knife, an aperture at the base of the tumor, working the blade around in order to break down the texture, and permit the acid to come in contact with the blood, and thus have a perfect coagulation produced. The injection, consisting of tannic acid f℥j, aq. f℥j, was introduced by the medium of a small syringe, inserted into the aperture made as above. The fluid was then passed in *gently*, till the nævus was well distended. Much stress was laid by Mr. Walton on the gentleness of the injection, and the propriety of ceasing when the tension was apparent, lest extravasation should be produced. The hardness that quickly ensued proved the rapid coagulation of the blood. The advantages of this article are its potency and safety. There is no risk of sloughing. In this case, it was eminently successful; the child in a comparatively short time showing no evidences of ever having suffered from nævus.

[1] New Jersey Medical Reporter, vol. ii. pages 245–6.

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2. *The Results of Twenty-Eight Cases of Operation for Stone in the Bladder.*—Dr. P. C. Spencer, of Petersburg, Va., seems to have acquired an enviable reputation for successful operations for stone in the bladder. The following remarks and recapitulatory table we copy from the *Virginia Medical Journal* for July, 1858:—

"For the convenience of those who are interested in the statistics of lithotomy, we have prepared the table as a *resumé* of Dr. Spencer's operations from the beginning. It will be observed that of twenty-eight cases, two only died. The fatal cases were also the first two operated upon; so that the operator has now met with unbroken success in *twenty-six cases*—a surgical feat rarely excelled. The proportion of deaths is as one to fourteen; whereas, according to the English statistics, one in eight died, the Philadelphia tables being about in the same ratio, while Civiale estimates that in every *six* operations performed in the French hospitals, one death occurred.

"It is also worthy of remark, that Dr. Spencer is one of the few American surgeons who still use the *lithotome caché* of Baron Dupuytren, and the results of his method of procedure are certainly not calculated to bring discredit on the instrument."

No.	Age.	Color.	Urine passed per Urethram.	RESULTS.
I.	4	Black	—	Died in 12 hours.
II.	17	White	—	Died on 4th day.
III.	35	Black	8th day	Discharged cured on the 30th day.
IV.	18	Black	15th "	" " 40th "
V.	7	White	5th "	" " 25th "
VI.	9	White	—	" " 40th "
VII.	5	Black	10th "	" " 30th "
VIII.	4	White	8th "	" " 30th "
IX.	18	White		
X.	27	White	10th "	" " 25th "
XI.	4	White	3d "	" " 19th "
XII.	4	Black	5th "	" " 25th "
XIII.	7	White	10th "	" " 30th "
XIV.	4	Black	4th "	" " 22d "
XV.	28	White	11th "	
XVI.	17	Black	—	" " 84th "
XVII.	11	White	8th "	" " 25th "
XVIII.	8	White	17th "	
XIX.	64	White	15th "	" " 23d "
XX.	8	White	13th "	" " 18th "
XXI.	10	Black	10th "	" " 15th "
XXII.	61	Black		
XXIII.	9	White	30th "	
XXIV.	9	White	39th "	" " 50th "
XXV.	11	Black	3d "	" " 30th "
XXVI.	25	Black	—	" " 75th "
XXVII.	—	White	1st "	" " 12th "
XXVIII.	20	White	10th "	" " 16th "

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(*b.*) PATHOLOGICAL AND THERAPEUTICAL.

1. *Scarlet Fever.*—The *Virginia Medical Journal* gives some interesting remarks by Trousseau, from which we gather the following concerning its treatment:—

As it runs a fixed course, he thinks, when it exhibits no serious complication, the less we do, the better for the patient. The antiphlogistic is highly injurious. Mild laxatives are beneficial in moderating febrile action. When we have excessive heat of skin, vomiting or diarrhœa, delirium, coma, or convulsions, cold effusions are of great utility. "The patient being placed, naked, on the sacking, you pass a sponge, wetted in water of the proper temperature, very rapidly over the whole surface, and then, without drying the body, return him to bed, and cover him up. An hour after, the skin is found less arid, its heat less mordant, while there is a diminution in the frequency of the pulse. The other nervous symptoms also abate." If they again appear, repeat the process, even several times a day and several days in succession. The eruption is found more vivid after the application. As internal remedies, use carbonate of ammonia, from 30 to 60 grains a day; musk, 3 to 6 grains.

In the great majority of cases of scarlatina maligna, he does nothing for the throat. The only one to which he attaches any importance is the careful application of hydrochloric acid. When angina, with diphtheritic complication, comes on, keep up the strength by quinine, food, and stimulants. Anasarca, when not extensive, he treats by "rest in bed, tepid drinks, and moderate diet." Bloody urine, by acid drinks, uva ursi, with spirits of turpentine, digitalis and gentle laxatives. Extensive anasarca, rapidly produced, and tendency to convulsions, by active purgatives, head erect and legs hanging down. Scarifications, or large blisters to the legs. For the convulsions, musk, with belladonna; and compression of the carotids he has found useful, especially compressing the carotid of the opposite side, when the convulsion is on one side only. When on both, compress alternately, or both, if respiration is not too much obstructed by it. It should be continued for fifteen or twenty minutes on each artery. When the acute symptoms have passed away, give gentle diuretics, as nitrate of potassa and digitalis—[is the latter a diuretic? EDS. M. & S. REP.]—and iodide of potassium in large doses. The pleural and pericardial complications are to be treated by blistering and *puncture of pleura or pericardium*, and, if necessary, *iodine injections*.

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2. *Cold Water in the Treatment of Cholera.*—Dr. T. B. Pinckard contributes two papers in the May and July Nos. of the *N. O. Med. and Surg. Journ.*, in which he asserts his claim to the 100,000

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francs left by M. Bréant, of France, to be awarded to the person who discovers the cause of *cholera and its cure.* He divides this disease in regard to its treatment into three stages: premonitory or diarrhœal, true cholera, and collapse or death stage. He gives, in the first and second stages, this prescription: ℞.—Hydrarg. chlorid. mite ʒss; pulv. camphoræ, capsici, āā gr. xx; pulv. opii, pulv. zingib., quinine, āā gr. x.—M. Ft. in chart. No. x. One given "in a syrup of loaf sugar and brandy, washed down with brandy and water, etc." Sinapisms to the stomach, if nausea. In this stage give very little drink, as brandy and water, ginger-tea, etc. If the stomach is loaded, an emetic of salt, mustard, and warm water, and then continue the powders after each dejection. To children ⅛ to ¼ of a powder. Especially in the second stage, does he regard the salt emetic as invaluable. In the third, or stage of collapse, he gives cold water, *ad libitum*, and its curative effects seem wonderful. He considers that it acts by supplying the place of the serum that has been lost from the vessels; the exhalants being dry, absorb the water rapidly, and restore the circulation, which is being performed very imperfectly, on account of the blood not being in a sufficiently fluid state. Its immediate effect was to produce free, warm perspiration, and bilious discharges from the bowels, and restore completely the circulation. Many cases are mentioned by Dr. P., where collapse had come on, but speedily recovered by the use of cold water.

He gives, at some length, his opinion as to the cause and prevention of cholera. He considers the *electric fluid* as the life of man, and when the earth is deprived of its proper quantity, epidemics prevail. His article is valuable so far as it relates to his experience in cholera and its treatment, but the theoretical portion of it must be classed with much that has preceded it, of the same kind, by various authors.

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3. *Prepared Chalk and Lime-water for the Teeth.*—Dr. J. D. White, in the *Dental News Letter*, favors the use of these articles in cases where the teeth are in a carious condition. He mentions some very bad cases, where its employment produced surprising benefit. The prepared chalk was used as a dentifrice, and the lime-water was taken in the dose of a wineglassful, three times a day. In the cases mentioned, the cavities became polished, decay was arrested, the secretions of the mouth were less clammy, and the white sediment disappeared. The secretions of the mouth being acid in their reaction, the chalk acts locally, and the lime-water internally, as antacids.

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4. *New Method of Employing Muriate of Morphia in Toothache, Frontal Neuralgia, and Certain Trifacial Neuralgias.*—From an article in *L'Art Dentaire*, copied from a paper by M. Ebrard, in the

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Journ. de Médecine de Lyon, we obtain some novel remarks concerning the use of this salt of morphine in certain neuralgias. M. Ebrard thinks the cause of this not always succeeding is in consequence of its not being properly employed. It should be employed in frictions on the gums of the affected side, and it thus produces remarkable results, often curing the toothache in an hour, or even half an hour. The remedy succeeded more especially when the pain extended over the face and temples, and also when it was intermittent, and the sulphate of quinia was indicated. It has been found equally applicable to all, though its greatest success has been noticed "in the nervous, feeble, impressible patients, fatigued by previous diseases, or who are the subjects of neurosis, &c."

He proceeds in the following manner: "The first day, preferably in the evening, three hours at least after the last repast, or during the sufferings, the patient takes with his finger, previously moistened, a quarter of a grain of the medicament; he rubs it about three minutes on the painful gum, then holding the head to the affected side, he abstains from spitting, or swallowing the saliva, which holds in solution the narcotic substance; he thus favors the contact, and consequently the absorption, for at least ten minutes.

"After this he swallows the saliva.

"Two hours after, this little operation is renewed if it has not been followed by any relief, or symptom of narcotism.

"The next day, if the trouble reappears (always with amelioration), the patient acts as before. If there has not been any amelioration, any sign of narcotism, he has recourse to two-thirds of a grain of morphine, taken in two doses, at an interval of two hours.

"When the disease resists this second trial, it is better to try another remedy, than to persist with this.

"The patient should also discontinue it from the moment that he feels his head heavy, that he feels dizzy, or a propensity to sleep; for the tissue of the gums possesses so great a power of absorption, that I have seen three *milligrammes* of muriate of morphia rubbed on the gums, produce the symptoms of narcotism."

In the frontal and naso-frontal neuralgias, M. Ebrard has employed this remedy, placed like snuff on the lining membrane of the nose. He employs thus ½ a grain to a grain, and has had very remarkable success.

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5. *Chloride of Lime and Chlorate of Potassa in Infantile Inflammation of the Gums.*—In *L'Art Dentaire*, M. Lucas Championnière quotes from the views of Dr. Henriette, as published by him in the *Journ. de Médecine de Bruxelles*, in which he highly recom-

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mends these articles in inflammation of the gums in children. After remarking on the frequency and the gravity of this malady in infants, the author says, that of all the medicines recommended for their relief, the above mentioned are the most to be preferred.

"In truth, the application of the chloride of lime is quite painful, and the infants do not submit to it willingly, but if we think of the difficulties in its cure by other means, it will be considered that this objection is of slight importance. The first application should be made extensively and boldly, inasmuch as the following attempts will be more difficult, on account of the pain they produce, and that the infant has not forgotten what he suffered at first."

He employs the commercial chloride, and it should neither be in a liquid state, nor perfectly dry. He uses a *tampon* of wadding or charpie, by which to carry into the mouth a pinch of the lime; or we may equally use the ordinary spatula. Taking care with either method to bring it in contact with all the diseased surfaces, and isolating the cheeks by the interposition of wadding or charpie. The blood which flows at this moment from the gums, is soon arrested, and there is soon formed on the ulcers a plastic mass of pus, false membrane, blood, and chloride of lime, which the patient ejects, or which is removed by gargles.

Under the influence of this application, the stomatitis is soon relieved. He makes two applications a day, and it is rarely necessary longer than the fourth day. Of course these do not dispense with the constitutional remedies. In the use internally of the chlorate of potassa, he has been much disappointed, when it has been employed alone, though he uses it with other articles. His prescription is: ℞.—Mucilag. gum acac. fʒvj; potassa chloras ʒiijss; syr. quinquina fʒiss. Take a tablespoonful every hour.

He relates one case treated thus, in which the child, though suffering much when he first saw it, on the second day was considered as cured.

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6. *Donovan's Solution in Intermittent Fever.*—Dr. M. F. Brown, of Hannibal, Mo., in the *St. Louis Med. and Surg. Journal* for May, 1858, recommends Donovan's solution—the *liquor arsenici et hydrargyri iodidi* of the U. S. Dispensatory—in the treatment of intermittent, when, by its frequent returns, it has assumed an obstinate, and, to some extent, a chronic form. In cases complicated by enlargement of the spleen, he considers it superior to any agent of the materia medica. It contains arsenic enough to produce the full anti-periodic power of that remedy, while the mercury and iodine play an important part as alteratives, in arousing the torpid glandular system, and in changing the morbid condition of the secretions which is an invariable attendant upon long-continued intermittent fever.

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Dr. Brown usually begins the treatment in cases in which chills have frequently returned at short intervals, by giving enough quinine to break up the regular paroxysms, and then begin with Donovan's solution in doses of ten drops three times a day taken in a little cold water *after* each meal. He usually continues giving it until one fluidounce has been taken. In some rare instances, the chill will return while giving the solution, in which he merely suspends it for a day or two, and, after giving a few doses of quinia, go on as before with the remedy. He has never known salivation to result from the use of the remedy.

(*c.*) OPHTHALMOLOGY.

1. *Vegetable Astringents as Collyria.*—The *Lancet* gives a report of some of the practice at the North London Ophthalmic Infirmary, under Mr. E. Hart, which favors the use of collyria made of the vegetable astringents. Mr. Hart advocates two general laws, by which he is guided in the choice of local applications. "1. That all kinds of collyria are objectionable which leave any sediments. 2. That vegetable solutions are to be preferred to mineral." The first excludes lead and zinc, which have frequently been objected to with justice, on account of their deposition of a permanent character on ulcerated surfaces. His preference for the vegetable collyria is founded upon a practical observation of the benefit derived in numbers of cases. He employs frequently, a collyrium of tannic acid with glycerin, a strong solution of which is very effective in the treatment of granular lids. In *asthenopia* and other forms of debilitated vision, he uses with advantage a solution of green tea.

But these remarks of Mr. Hart should not cause us to feel a prejudice against other mineral collyria, which have repeatedly been found of signal service, and which do not leave any sedimentary deposit.

(*d.*) OBSTETRICAL AND DISEASES OF WOMEN.

1. *Dysmenorrhœa, and Sterility resulting therefrom.*—In the *N. O. Med. News and Hospital Gaz.*, Dr. E. D. Fenner has a paper from which we obtain the following ideas: He obtained and has long used a *recipe* for dysmenorrhœa, which has shown itself of much value. It was originally obtained from a work by Dr. Falk, of London, and is as follows: ℞.—Gum guaiac, balsam canadens., āā ℥j; ol. sassafras, f℥ij; hydrarg. bichloride, ℈j; alcohol f℥viij. Dissolve the guaiac balsam in half the spirit, and the corrosive sublimate in the other. Let the first digest for several days, pour off the clear liquor, mix with that containing the sublimate, and add the oil.

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Dose.—Ten or twenty drops night and morning in a glass of wine or water.

Other practitioners have found it of much value, and on page 189 of *Ellis' Med. Formulary*, he found it placed and recommended as an alterative by high authority, and also as a remedy for lues venerea.

Dr. Fenner usually directs "a day or two before the expected period, twenty-five drops night and morning, in an infusion of sage or sweetened water, until the discharge is freely established, then cease." Severe cases may require it ten days before, and if the pain appears, it should be taken every four or six hours till relieved.

If the pain is very persistent, he uses an anæsthetic, or the following: ℞.—Spt. camphoræ f℥iij; chloroformi f℥ij; tr. opii f℥j; teaspoonful in sweetened water every hour. Dysmenorrhœa being relieved by this treatment, conception almost invariably follows in married women. He gives several cases of much interest, in each of which the relief was speedy and permanent.

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2. *Sedatives in Diseases of the Womb and Morbid Menstruation.*—Dr. E. J. Tilt, Senior Physician to the Faringdon General Dispensary and Lying-in Charity, advocates, in the *Lancet*, the beneficial effects of sedatives as applied to the womb. In cases of ovario-uterine neuralgia, he uses—

℞.—Camphorated liniment f℥iv;
Tr. opii f℥ss;
Tr. aconiti f℥ij.—M.

Rubbed carefully for about five minutes on the lower portion of the abdomen, or sacral region, or both, if the pain is referred to both localities. This should be allowed to remain, and covered with a "wadding poultice," and kept in its place by oiled silk, applied around the abdomen, enveloping its lower part, thus forming a "sedative vapor bath." If this should be found ineffectual, sedatives may be administered by the rectum; as Battley's solution f℥j; tr. hyoscyami f℥j; aq. f℥iij; placed in an India-rubber bottle, filling up with warm milk, and injected into the rectum, twice a day. If necessary, we may add tr. belladonna f℥j, or tr. aconiti ℈j—ij, to the above. It may also be used as a vaginal injection, though by the rectum it is preferable. In a case of much irritation, he applied a grain of acetate of morphine, wrapped in cotton, and tied with twine of sufficient length to project from the vagina, in order to facilitate its removal. This he introduced by the aid of a speculum and forceps. In two or three days, he introduced two grains in the same manner, and four days after, three grains, with much benefit to the patient. The anodyne was dissolved by the fluids in the vagina, and the solution thus produced acted

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gently on the uterus. Dr. Aran, of the *Hôpital St. Antoine*, follows the same idea. He lets fall a drachm or two of tinct. opii into the speculum, fixing the fluid in the vicinity of the womb by a table-spoonful of powdered starch. He repeats this every second or third day, and has never seen it followed by narcotism. This he has found very effectual in uterine and ovarian neuralgias, subsequent to inflammatory affections, or uterine deviations.

For the last six years, since Dr. Tilt has known the plan of Dr. Aran, he has, on concluding any surgical treatment, poured down the tube of the speculum a drachm of Battley's solution, and used the powdered starch to keep it *in situ;* and this even when no pain is complained of, as he considers it favors the rapidity of the cure. He prefers, however, as a general rule, the salts of morphia, used as above.

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3. *Natural and Artificial Lactation.*—We have been so much pleased with an article on this subject in the *American Journal of Medical Sciences*, by Dr. Wm. Cumming, that we are sure our readers will enjoy such portions of it as we can give in the following *resumé:*—

Dr. Cumming first comments upon the food of various animals in their various stages of germ life, and from these deduces the fact that the nutrition of the germ is carried on in four ways:—

"1st. Simply, as in the chicken, by absorption of the yolk-food.

"2d. The yolk-food being insufficient, by means of additional nutriment furnished by the parents, as among the greater number of birds.

"3d. The yolk-food being very small, by additional nutriment obtained by the larva during his active term. This mode we have found among reptiles, as well as among insects.

"4th. The yolk-food being very small, nutrition is carried on by two additional processes, in both of which the nutriment is obtained from the body of the mother:—

"1. By intra-uterine endosmosis.

"2. By lactation.

"These four modes may be thus indicated:—

"1st. The ovarian.

"2d. The ovarian and parental.

"3d. The ovarian and larval.

"4th. The ovarian, uterine, and mammary.

"Lactation is confined to the last of these four classes."

Lactation aids in the development of the animal, in the repair of its structures, the decomposition of which is very great in the young, and in the maintenance of the vital heat.

He then examines its qualities, chemically and physically.

Its liquidity is indispensable.

Its temperature must be that of the mother, in order not to

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chill the stomach of the child. In order to supply the material for growth, etc., it must contain all the elements necessary for the formation of the body. He critically examines these elements, their functions and proportions. He shows the necessity, particularly, for the presence, in proper quantity, of the phosphorized oil, called lecithin; in the event of its failure, the consequences to be expected, as the failure of the nerve force, and a coincident failure of the circulation, heat, digestion, absorption, and secretion, terminating with inanition. In a note on the conditions of calorification, he says these are: Good air, *i. e.* with a due proportion of oxygen; good blood, *i. e.* with a sufficiency of combustible material; a due supply of good air in the pulmonary cells; a due supply of good blood in the pulmonary capillaries.

If one be deficient, the others exist in vain. If heat is to be evolved in sufficient quantity, we must have enough oxygen in the air, enough oil in the blood, a supply of nervous action to have free respiration, &c. Butter contains both fuel and the "material necessary for its proper combustion." If this fuel is short, necessarily, the consuming power is reduced. Hence, we see why starch-fed children are often fat, yet languid and weak. This article contains no azote, and does not nourish the tissues; no phosphorus, and hence no supply for the nerves.

In normal lactation, these troubles are not to be feared, as all these needed elements are found in proper proportion in the mother's milk. Then, from an analysis of the composition of the milk he gives—

Butter	20.76 lbs.
Casein	14.34 "
Sugar	75.02 "
Water	889.88 "

With 1.6238 lbs. of salts.

From this quantity of salts, the child receives sufficient dry solids to gain many pounds in weight each year, and at the same time keep up the repairs of the system. Hence, how necessary is it that the mother should be healthy and well-fed, etc., in order to supply the proper *quantum* to her offspring, and in its proper form.

But he comes to an important subject, one of deep concern to those who have the care of infants. When normal lactation fails, as it so frequently does, what are the substitutes most proper, and how may we know them? In the first place, any substitute must, in order to keep the child in a healthy condition, be as near like the mother's milk as possible. The milk of the cow is that most easily obtained, but this is far from being adapted to the wants of the case. Thus:—

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Cow's milk contains—Butter	. .	38.59 lbs.
Casein	. .	40.75 "
Sugar	. .	53.97 "
Water	. .	866.69 "

Now, by dilution, we may reduce the butter to the proper amount, yet there still remains an enormous surplus of casein, which, as the child cannot digest, must necessarily produce great irritation in the alimentary canal, resulting in diarrhœa and vomiting.

"The food of infants should all be absorbed. During the fœtal state, the food of the body is obtained by endosmosis from the mother's blood. During the period of lactation, it comes from the mother's milk. In this milk there is no refuse matter; all is absorbed and passes into the circulation. No portion of the milk passes from the stomach through the intestinal canal to the rectum. The feces of infants are the excretions of the intestinal canal and its various glandular appendages. The lower part of the canal may thus be considered as the excreting duct of the liver, pancreas, and the glands of the mucous surface. What wonder, then, that this duct should be irritated by the presence of foreign bodies (lumps of curd, starch, granules, etc. etc.), and that this irritation should continue so long as these foreign bodies remain in contact with its surface? No fact is more interesting and important than this, that persistent diarrhœa often ceases at once, when suitable food is given. By suitable food, we mean food that is all absorbed. Three or four hours after the first dose of such food, the diarrhœa often ceases entirely. Bearing this truth in mind, let us never expect health so long as foreign bodies are found in the feces of infants. Even small and smooth particles of curd produce great irritation, and, in many cases, the ingestion of such food produces almost immediately a discharge of mucus, holding in suspension these offending substances."

We cannot, by dilution, reduce the casein, without reducing the amount of butter too much, which deprives the child of that especial and indispensable supply of fuel and nerve force. But we have another way to surmount this difficulty. "If we leave at rest, for four or five hours, ordinary cow's milk, and then remove and examine the upper third, we find in it 50 per cent. more butter than it first contained."

Then, by dilution, we may reduce the butter and *casein*, at the same time, to the proper amounts. Another way, and perhaps a better one, is "by using the latter half of the milk furnished by the cow," in which the right proportion exists, and by dilution, it may be brought to resemble, quite accurately, human milk.

"To show the accuracy of this imitation, let us prepare some of this milk by the addition of sugar and water. Its actual

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composition is butter 54, casein 38, sugar 53, and water 855. By adding sugar 142, and water 1458, we have butter 54, casein 38, sugar 195, and water 2313. Reducing this to thousandths (that we may compare it with the composition of human milk, as previously given), we have butter 20.77, casein 14.61, sugar 75, and water 889.62. The difference is unworthy of notice."

The colostrum, if necessary, may also be thus imitated. This being very rich in butter, we must take "the upper *eighth* instead of the upper *third* of milk left to repose for four or five hours," or by using the last *tenth* of the milk furnished by the cow.

He gives a schedule by which to adapt the milk to the age of the child.

Schedule.

Child	3–10 days	Milk 1000	Water 2643	Sugar 243
"	10–30 "	"	" 2500	" 225
"	1 month	"	" 2250	" 204
"	2 months	"	" 1850	" 172
"	3 "	"	" 1500	" 144
"	4 "	"	" 1250	" 124
"	5 "	"	" 1000	" 104
"	6 "	"	" 875	" 94
"	7 "	"	" 750	" 84
"	9 "	"	" 675	" 78
"	11 "	"	" 625	" 73
"	14 "	"	" 550	" 67
"	18 "	"	" 500	" 63

This food must be taken by suction, for obvious reasons. It is the natural mode; we thus get at a uniform temperature; we have a free flow of saliva; and may feed it in the recumbent posture, the natural position.

The quantity for a child ten days old, should be 32 ounces daily, in 4 ounce doses, at regular intervals, and not too rapidly.

He speaks forcibly, *but not too forcibly*, on the evils of training of young girls; thus producing exceedingly bad persons to perform properly the duties of mothers, and in consequence, the children must suffer; and if they grow up at all, grow up puny and miserable. These mothers should be taught how to prepare the artificial milk in place of their deficient supply, and thus, one great cause of mortality among the infants of our cities be removed, and the rates be sufficiently lessened, as not to present the terrible fact of one-half of our children dying ere they have reached the age of two years.

We may thus dispense with an enormous amount of drugging among infants, a practice which we have always held in abhorrence, and it has ever been with much reluctance that we have

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prescribed for a child under one year, knowing too well the enormous amount of medicine the poor thing was destined, "in the natural order of things," to take into its stomach, and eliminate from its system, in the ordinary term of life.

(*e.*) EPIDEMIOLOGY.

1. *Pestilential Diseases, and the Laws which govern their Propagation.*—From Dr. E. Harris's letter, in reply to the Quarantine Commissioners, we abstract the following. He only considers in his remarks, those diseases which are likely to be sources of danger to the city of New York, viz.: smallpox, typhus, cholera, and yellow fever. He infers from all that is known concerning smallpox, that complete protection from it may be secured by locating the quarantine station where the winds have unobstructed sweep, about half a mile distant from the shore, and the track of vessels. If vaccination were properly attended to, "smallpox might be struck from the catalogue of diseases requiring the detention of vessels and cargoes at quarantine.

"As regards the infectious nature of ship fever, there can be no doubt that it has the property of reproducing the specific poison or virus upon which it depends, and by which it may very readily be communicated for a short distance from the sick person." Free ventilation and proper cleansing quickly render it inoperative. The ships need to be kept at a distance only to prevent intercourse with those on shore for a time.

As Asiatic cholera is imperfectly known in relation to its causes and nature, it is necessary to observe care. *Much can be done by quarantine to restrict its advance.* To support this, he mentions the fact, that repeatedly, when the whole country has been free, it has spread from the cholera wards in the hospital, as a most virulent endemic. From this and other causes, he infers that "it does not necessarily become very widely diffused without the aid of human agencies." Hence it is manifestly expedient to have a thorough cleansing and ventilation, before approaching the city.

Yellow Fever.—Concerning this scourge, he considers the greatest certainty attaches to the following conclusions:—

"1st. The infection of yellow fever has been repeatedly conveyed to the port of New York, by vessels from southern and West India ports, when, and only when, that malady has been prevalent in those ports of departure, and no case of that fever has occurred in New York during the present century, except at such times.

"2d. For the last forty years, yellow fever has occurred in that city, only as the result of a direct importation of the infection or virus of that fever from southern ports.

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"3d. Vessels from ports where the fever is epidemic, should be quarantined.

"4th. The accumulation of infected vessels and their cargoes is highly dangerous to all who come in near proximity thereto.

"5th. Lighterage of cargoes from such should be prohibited, and a warehouse provided near by, in which to store the cargo, and the vessels then allowed to leave on their return.

"6th. Goods should not be transferred from the warehouse till frost occurs; yet they might be on sale by *samples* specially disinfected by artificial cold."

The distance to which its infection spreads inland is very limited, never yet beyond half a mile. Strong sea-breezes have a very perceptible effect in ameliorating the violence of yellow fever, as in land-locked or mountain-shielded ports, these epidemics are frightfully malignant and uncontrollable.

"The Quarantine Station should be so located as to secure 1st. Ample and safe warehousing facilities, and convenient wharfage, at which all infected vessels might discharge their cargoes without delay, and without the hazardous and expensive practice of employing lighters and lightermen.

"2d. Warehouses so situated and so constructed as to insure the best natural ventilation possible, added to appliances and power to afford to each store-loft the most complete provision for artificial ventilation and disinfection.

"3d. As absolutely indispensable to the safety of the public health of all cities and towns near the harbor of any city, the quarantine establishment, and its anchorage for infected vessels must be so situated as to preclude the possibility of clandestine and accidental intercourse with the sources of infection, &c."

MEDICAL SOCIETIES AND CLINICAL REPORTS.

ART. VI.—*Bellevue Hospital*, New York. *Pneumonia treated with Calomel.* By SAMUEL R. FORMAN, M. D.

M. M——, aged 20, a native of Ireland, by occupation a domestic, came into the wards of Bellevue Hospital, April 24th, 1858.

Patient is a large, strong woman, of fair complexion. She says she has never been sick, and suffers from no hereditary disease, though some of her immediate relations have died of phthisis.

On Tuesday the 20th inst., she was out and got her feet wet; that night she was taken sick, had a chill, followed by fever, pain

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in the side, cough, and dyspnœa. On the following Saturday she came in. Her face was flushed; skin hot and pungent; pulse 120, and full; respiration hurried; tongue coated, but not dry; cough severe; sputa viscid and reddish. On auscultation a crepitant rale, bronchial breathing, and bronchophony, with dulness on percussion, were found over the lower lobe of the left lung. The right side presented no abnormal physical signs. Twenty dry cups were applied over the seat of dulness; an oiled silk jacket was put on, and over that a flannel one, and an eighth of a grain of tartar emetic every hour ordered. She took during the day about a grain and a half; her pulse ran up to 136, and respiration became more frequent; no sweating, but nausea and vomiting occurred. At night a change was made to Dover's powder, but, through mistake, she got but ten grains.

On the morning of the 20th, she was ordered a grain of ipecac every hour, which produced nausea but no perspiration; pulse and respiration were still very frequent; face now anxious, a livid flush high up on the cheeks. A hot air bath was given, which depressed her somewhat, but, for the time, produced perspiration. At night Dover's powder was again administered, but did not effect a good rest.

April 27th, at morning visit patient was worse. Countenance livid; pulse weak, 140 to 150; respiration over 50; ordered alcoholic stimulus, and a drachm of the following mixture every hour:—

℞.—Ammon. carb., ʒj;
Syr. senegæ,
Syr. scillæ, āā f ℥ss;
Tr. opii camph., f ℥j.—M.

There was a good deal of cough, and the sputa were of a deeper red. The prognosis of every one who saw her was eminently unfavorable. The visiting physician (Dr. Clark) remarked that there was one chance left for her, and advised her to be put on large doses of calomel; he had seen one desperate case saved by it. By his direction, therefore, she was given ten grs. at 4 o'clock; ten more at 7; and ten more at 10; every three hours after three grains were to be given till purgation occurred. Stimulants (whiskey) continued to be administered. In the evening, pulse still high, 130 to 150; respiration hurried, from 50 to 60, and

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labored, attended with a moaning noise. Patient very restless, but sweating.

At 7½ A. M., on the 28th, pulse 130; respiration 56; moaning ceased; sweating still; cough continues, but no sputa. A slight improvement in the countenance is all the change perceptible; eight grs. of the carbonate of ammonia given every two hours. At 8½ the respiration had fallen to 38; at 9½ had risen to 48; pulse same. During the morning she was somewhat somnolent and had some nausea; the pulse ranged from 124 to 134; respiration from 44 to 57; she complained of some pain in the side, chiefly on moving. In the afternoon the pulse fell to 124; respiration kept pretty steady at 48; the tongue was thickly furred; before midnight her bowels were moved three times, the first at about 5 o'clock.

April 29th, 6 A. M. Pulse 120; respiration 42. The expression of her face is entirely changed for the better; she has had a good deal of cough through the night; the expectoration is light colored, bronchitic, not copious; slight perspiration; bowels moved twice; tongue still thickly furred. During the morning she slept some; her pulse came down to 114, and respiration to 39. In the afternoon her pulse held steadily at 120; respiration fluctuated from 36 to 48. About 9 P. M., perspiration stopped; she became restless and anxious; respiration 48, and moaning; pulse 120; at 10 P. M. she took ⅛ gr. of the sulphate of morphia with f℥j of whiskey. She passed the rest of the night pretty comfortably.

During the 30th no improvement was manifested, except that her skin became of natural temperature and moisture; tongue a little cleaner; and countenance brighter; she passed the night taking eight grs. of the carbonate of ammonia every two hours. Vomited once.

On the 1st of May her pulse came down to 116, and respiration to 30; tongue still cleaning.

On the 2d, a physical examination showed the signs of resolving pneumonia on the affected side, and of bronchitis in both. The minimum of the pulse was 93, of respiration 34. On the 3d, *no dulness, no rales, no bronchophony, no physical signs of disease whatever.*

She continued improving steadily but slowly, and went out the latter part of the next month. No salivation occurred; a red line was noticed on the gums a few days after taking the mercurial.

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REVIEWS AND BIBLIOGRAPHICAL NOTICES.

ART. VII.—*A Manual of Psychological Medicine:* containing the History, Nosology, Description, Statistics, Diagnosis, Pathology, and Treatment of Insanity. With an Appendix of Cases. By JOHN CHARLES BUCKNILL, M. D., Lond., Medical Superintendent of the Devon County (Eng.) Lunatic Asylum, Editor of the *Asylum Journal of Medical Science*, etc. etc.; and by DANIEL H. TUKE, M. D., Lecturer on Psychological Medicine, Visiting Medical Officer to the York Retreat, etc. etc. Pp. 536. Philadelphia: Blanchard & Lea, 1858.

THIS work was undertaken by its authors to supply what they regarded as a serious want to students and practitioners of medicine, there being no systematic treatise on insanity suitable for the student and practitioner except Prichard's, published twenty-five years ago.

The work is divided into ten chapters, seven by Dr. Tuke, and the remainder, with an appendix of cases, by Dr. Bucknill.

Chapter first gives an *Historical Sketch of Insanity among the Nations of Antiquity, mainly in regard to its Extent.* In this chapter our author enters briefly on the discussion of the questions—"What is the effect of the progress of civilization upon mental disease? How far did the civilization of the most civilized periods of ancient history extend?" An examination into the manners and history of ancient nations, leads him to the conclusion that there did not exist, among the nations of antiquity, that form or that extent of civilization, which is now to be found among the yet more highly civilized nations of modern Europe, and which, as he believes, tends, in some degree, to exhaust or derange the mental powers. He then goes on to show, by quotations from ancient writers, that insanity was by no means unknown to them, as many instances of the disease are recorded by them and references made to it.

Chapter second is devoted to a consideration of the *Opinions of Ancient Medical Writers on the Treatment of the Insane.* We cannot help noticing how crude, how almost barbarous, were the notions of many of the ancients on the treatment of the insane, and yet how slow have mankind been to adopt those humane principles of treatment which were foreshadowed in the writings of at least one of the authors of that period—Cælius Aurelianus! Music, attention to the diet, the application of cold, bathing, bloodletting, the use of hellebore, bodily restraint, stripes, and

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chains, were among the plans of treatment recommended. Celsus held the most barbarous notions on this subject of any of the ancient writers, and Cœlius Aurelianus appears to have held more just conceptions and enlightened views on it than any of the other ancient writers. If space allowed, it would be instructive to give an outline of the recommendations of the latter. It is certainly much to be wondered at, that views so eminently humane and well founded, should ever have been lost sight of in the treatment of this class of unfortunates.

Chapter third is devoted to a consideration of the *Bearing of Modern Civilization on Insanity.* Dr. Tuke begins this chapter by commenting on some points of fallacy in regard to the proportional increase of the subjects of insanity. One source of fallacy is in comparing the whole number of insane with a given population, instead of running the comparison between the population at a given time, and those who in the same time *become* insane. Due regard should also be had in making such estimates, to the rate of mortality, bearing in mind that the rate of mortality is greater among the insane than among the sane (p. 265).

In England—so, also, in all civilized countries—there are two reasons why the proportion of the insane to the population appears to be greater than was formerly the case. The first is, that the disease is recognized as such to a far greater extent than formerly; and the second is, that we know, to a much greater extent than heretofore, the number of insane throughout the country. On the other hand, as our author observes, among uncivilized nations, weakly children, including imbeciles, are generally neglected, and, among some nations, put to death. Our author proceeds to quote the testimony of persons who have enjoyed opportunities of observing in regard to the prevalence of mental diseases among uncivilized nations. He quotes Drs. Rush, Lillybridge, and Butler (the father of the writer of this notice), in regard to the North American Indians—Drs. Moreau, Greyson, Aubert, Hadgi, Furnari, and Capt. Cousin, in respect to Africa—Drs. De Forest and Paulding in regard to Syria—Drs. McGowan, Hepburn, and Wise, and Messrs. Williams and Caleb Cushing, in regard to China and India; and lastly, that of Capt. Wilkes, of the U. S. Exploring Expedition, in respect to the South Sea Islands. Many of the above were missionaries, and resided for years among the people concerning whom they gave testimony, and they all unite in testifying that, according to their observation, mental diseases are very rare among uncivilized nations.

In view of the above facts, Dr. Tuke presents the following as the conclusions to which they lead him:—

"1. That, while the greater facilities which exist in civilized countries for obtaining a knowledge of the numbers of the insane, and the greater degree in which the disease is recognized, render

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any just comparison very difficult, and tend to show a much larger proportion than is usually the case, there can be little doubt, nevertheless, after making due allowance for this source of error, that insanity attains its maximum development among civilized nations; remaining at a minimum among barbarous nations, as well as among children, and animals below man.

"2. That, having regard to the main causes of insanity, there can be no reasonable doubt, that in modern civilized society, these outweigh those circumstances which might be supposed to favor mental health; these unfavorable causes being, principally, the increased susceptibility of the emotions to slight impressions, consequent upon their constant cultivation—the abuse of stimulants —and the overwork to which the brain is subjected, especially in early life, by an overwrought system of education—the higher emotions or moral sentiments, the lower propensities and the intellectual faculties, being thus all subjected, separately or combined, to an amount of excitement unknown to savage tribes.

"3. That, inasmuch as all civilization is, up to the present time, to be regarded as imperfect and transitionary, it does not necessarily follow, from the foregoing, that civilization, carried out to its perfect development, a civilization which should exactly temper the force of the emotions, moderate intellectual exertion, and banish intemperance, it does not follow, perhaps, that such a civilization as this would generate mental disease. Even such a condition of society as this, however (which, it is to be feared, will never be realized), would, we believe, present greater danger to the integrity of the great centre of the nervous system than a state of barbarism."

Chapter fourth is devoted to the subject of the *Amelioration of the Condition of the Insane in Modern Times, especially in Regard to Mechanical Restraints.* We are informed that, in 1845, Lord Ashley (now the Earl of Shaftesbury), in a speech in the House of Commons, remarked "that the whole history of the world, until the era of the Reformation, does not afford an instance of a single receptacle[1] assigned to the protection and care of these unhappy sufferers, whose malady was looked upon as hardly within the reach or hope of medical aid. If dangerous, they were incarcerated in the common prisons; if of a certain rank in society, they were shut up in their houses, under the care of appropriate guardians. Chains, whips, darkness, and solitude were the approved and only remedies."

The first step was to provide asylums, and then it was many years before the humane and correct principles of treatment laid down by Cælius Aurelianus began to take the place of the bar-

[1] "Though substantially true, this is not literally correct. One existed at Jerusalem so early as the fifth century."

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barous recommendations of Celsus. In the year 1547, Henry the Eighth took possession of the monastery or hospital of St. Mary of Bethlem, and presented it to the city of London, with an order that it should be converted into a house for the reception of lunatics. This was the first asylum provided for the insane in England. Its location was very unfavorable, and its size too small for the accommodation of those requiring an asylum. A new building was erected in 1675, capable of accommodating a much larger number of patients. In 1751, St. Luke's Hospital was established in London; and from this time the number of hospitals and asylums steadily increased.

Our author furnishes the following, which may be regarded as indicative of the kind of treatment pursued by the highest medical men four hundred years ago. Henry the Sixth, in whom mental disease was hereditary, had five physicians and surgeons appointed to attend him, who were empowered to administer "electuaries, potions, and syrups, confections and laxative medicines, in any form that might be thought best; baths, fomentations, embrocations, unctions, plasters, shavings of the head, and scarifications." The course of treatment pursued in Bethlem Hospital is gathered from the following description by Dr. Tyson, who was its physician from 1684 to 1703: "As to the care and cure of the patients, here is, undoubtedly, the greatest provision made for them of any public charity in the world; each having a convenient room and apartment to themselves, where they are locked up at night, and in it a place for a bed; or if they are so senseless as not to be fit to make use of one, they are every day provided with fresh clean straw. Those that are fit for it, at convenient hours, have liberty to walk in the long galleries, which are large and noble. For the summer time, to air themselves, there are two large grass-plats—one for the men, the other for the women; in the winter, a stove for each apart, where a good fire is kept to warm them; in the hot weather, a very convenient bath place, to cool and wash them; which is of great service in airing their lunacy, and is easily made a hot bath for restoring their limbs when numb, or cleaning and preserving them from scurvy, &c. Their diet is extraordinary good, and proper for them, which every week is viewed by a committee of the governors. . . . There is nothing of violence suffered to be offered to any patient, but they are treated with all the care and tenderness imaginable. If raving or furious, they are confined from doing themselves or others mischief; and it is to the credit of the hospital, that in so great a number of lunatics that are constantly kept there, it is very rare, in many years, any one patient makes away with himself. . . . The time of cure is uncertain; some have been cured in a month, others in two or three, and some continue distracted many years."

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But it was not long before these humane principles were sadly departed from. On this subject, we have the following testimony given before a committee of the House of Commons, in 1815:—

"A miserable and empirical routine marked the treatment. To the question, 'Has there not been a rule in the hospital, for a certain number of years, that in certain months of the year particular classes of the patients should be physicked, bled, bathed, and vomited, at given periods?' the reply from Bethlem was in the affirmative. Twice in the year the patients, with few exceptions, were bled. 'After they have been bled,' said the physician, in evidence, 'they take vomits once a week, for a certain number of weeks; after that, we purge the patients. That has been the practice, invariably, for years—long before my time.'

"In regard to the means of coercion employed, it was stated that the patients 'are generally chained to the wall with manacles.' When inquiry was made regarding the use of strait waistcoats, it was replied, 'I do not believe there are any strait waistcoats in Bethlem now, or very few, indeed; they generally use irons.' The objection to strait waistcoats was, that the patients 'could not help themselves in strait waistcoats; they are so excessively long in the hospital without being seen by anybody, in a dark place; in winter, from four o'clock to six or seven in the morning. If they were in a strait waistcoat, they could not assist themselves the least in the world.'[1] When, in the following year, the head-keeper of Bethlem Hospital was asked, 'Was it not the practice in old Bethlem—not in the late gallery, but in the gallery pulled down—for eight, ten, or more patients to be fastened to the tables, almost in a stage of perfect nakedness?' he replied, 'Yes; they used to think they tore their clothes all to pieces; some of them would do that.' 'In point of fact, were they not fastened to the tables, sitting, in a state of perfect nudity?' *Answer.* 'They used to be so at the table; they were chained all round.'

"The case of Norris, who was loaded with heavy irons for ten or twelve years, will be best dismissed by simply extracting the entries having reference to him, from the smith's day-book, with his comments in evidence. 'June 23, 1804, Bethlem. To a new round rail-bar, for head of bedstead, in one of the cells for Norris, seven feet long: To a new collar for Norris's neck, with two new joints to ditto, and two basils for his arms, and five chains and seven rings to go over the round bar: To two men one day and a half boring holes through brick walls, and fixing the round bars and rivets, and riveting on the neck-collar and basil, by order of the Committee. The round rail was that which went through

[1] "Report of the Committee of the House of Commons on Madhouses in England, together with Minutes of Evidence, 11th July, 1815."

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from one cell to the other, and the bolts going through were to hold that round rail; then the collar had seven links to let him up and down."[1] But this was not the whole of the apparatus by which perfect security was endeavored to be attained. A committee appointed to investigate this very case, in 1814, state that there was also an open-worked frame (of iron), the lower part of which encircled the body, and the upper part of which passed over the shoulders, having on either side apertures for the arms, which encircled them above the elbow, but left the lower part of the arms hanging down and at liberty, . . . and a chain passing from the ankle of the patient to the foot of the bed, by which additional security appears to have been obtained, and a habit of kicking (to which the patient was particularly addicted) was restrained.[2] Yet this was the apparatus so ingeniously cruel, respecting which Haslam, the apothecary at Bethlem, when asked, 'Do you think that his confinement in that manner, during the whole of that period, was necessary?' replied, 'Decidedly.'

"The matron of Bethlem Hospital (who was elected January, 1815) gave evidence that, when she was appointed, there were about twenty patients under personal restraint out of between fifty and sixty patients. 'The custom when I first went was, only to get them up three days of the week—never on meat days; they lie in bed four days in the week.' She also stated, that one of the female patients had been chained for eight years, but had not required restraint since she had been there."[3]

And as late as in 1844, the Commissioners, in their report, describe an asylum which was "deficient in every comfort, and almost every convenience. The refractory patients were confined in strong chairs, their arms being also fastened to the chair. One of these—a woman—was entirely naked, on both the days the Commissioners visited the asylum, and, without doubt, during the night. The stench was so offensive, that it was almost impossible to remain there." In another asylum, "in the small cheerless day-room of the males, with only one (unglazed) window, five men were restrained by leg-locks called hobbles, and two were wearing, in addition, iron handcuffs and fetters, from the wrist to the ankle; they were all tranquil. Chains were fastened to the floors in many places, and to many of the bedsteads." Of another house, the Commissioners report: "In one of the cells for the women, the dimensions of which were eight feet by four, and in which there was no table, and only two wooden seats, we found three females confined. There was no

[1] "First Annual Report on Madhouses, 1816, p. 69."
[2] "Report on Madhouses, 1815. Appendix, No. 3.—[Report of Select Committee, June 23, 1814.]"
[3] "First Annual Report on Madhouses, 1816, p. 95."

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glazing to the window, and the floor of the place was perfectly wet with urine. The two dark cells which joined the cell used for a day-room are the sleeping-places of these three unfortunate beings. Two of them sleep in two cribs in one cell. The floor in the cell with two cribs was actually reeking with urine, and covered with straw and filth. There is no window, and no place for light or air, except a grate over the doors."

And again, Dr. W. A. F. Browne says: "Let us pass a few minutes in an asylum, as formerly regulated; and, from the impression made by so brief a visit, let us judge of the effects which years or a lifetime, spent amid such scenes, was calculated to produce. The building was gloomy, placed in some low, confined situation; without windows to the front, every chink barred and grated—a perfect gaol. As you enter, a creak of bolts, and the clank of chains, are scarcely distinguishable amid the wild chorus of shrieks and sobs which issue from every apartment. The passages are narrow, dark, damp, exhale a noxious effluvia, and are provided with a door at every two or three yards. Your conductor has the head and visage of a Carib; carries (fit accompaniment) a whip and a bunch of keys, and speaks in harsh monosyllables. The first common room you examine—measuring twelve feet long by seven wide, with a window which does not open—is perhaps for females. Ten of them, with no other covering than a rag round the waist, are chained to the wall, loathsome and hideous; but, when addressed, evidently retaining some of the intelligence, and much of the feeling which, in other days, ennobled their nature. In shame or sorrow, one of them perhaps utters a cry; a blow, which brings the blood from the temple, the tear from the eye—an additional chain, a gag, and indecent or contemptuous expression, produces silence. And if you ask where these creatures sleep, you are led to a kennel eight feet square, with an unglazed air-hole eight inches in diameter; in this, you are told, five women sleep. The floor is covered, the walls bedaubed, with filth and excrement; no bedding but wet decayed straw is allowed; and the stench is so unsupportable, that you turn away and hasten from the scene."

But, happily, there is another side to this picture; for, in the midst of all this sad mismanagement and cruelty, a change was gradually taking place, and the humane principles of treatment now so happily in vogue were being established. Says Dr. Tuke: "The year 1792 will ever be memorable in the history of the treatment of the insane." And Dr. Thurnam: "By a singular and interesting coincidence, it was in the spring of 1792, the very year in which the celebrated Pinel commenced the amelioration of the treatment of the insane in France, by the truly courageous act of unchaining fifty supposed incurable and dangerous lunatics

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at the Bicêtre, that the establishment of the Retreat (at York) was proposed by the late William Tuke."[1] "Each," it is observed in the *American Journal of Insanity*, "each perceived the wretchedness, the misery, the sufferings of the insane around him. Each was moved to compassion. Each resolved to effect a reform in their treatment. Each succeeded. This recognition of service to humanity is due to each. To each we freely accord it."

It is to the humane principles by which the Society of Friends has ever been actuated in their dealings with their fellow-men, and in which they have ever been in advance of their times, that we owe the establishment of an asylum which was destined to exert an influence in revolutionizing the whole system of treating the insane. The circumstances which led to the establishment of the "York Retreat" are as follows: "In 1791, some of the members of the Society of Friends sent one of their family, a lady, for care, to the 'York Asylum.' The rules of the asylum forbade her friends to see her; she died; something wrong was suspected; and from that day, the Society of Friends determined to establish an institution in which there should be no secrecy. William Tuke[2] was the great founder of the new asylum; and, from the first, he and his friends pursued, in their institution, those principles which are now universally acknowledged."[3]

"The new institution was to be 'in an airy situation,' and to have 'a few acres for keeping cows, and for garden ground for the family, which will afford scope for the patients to take exercise, when that may be prudent and suitable.' The prospectus expresses the desire to introduce 'cheerful and salutary amusements;' and another paragraph speaks of the wish 'to cherish in their patients the strengthening and consolatory principles of religion and virtue.' The institution was called *The Retreat*, by which it 'was intended to convey the idea of what such an institution should be, namely, a place in which the unhappy might find a refuge; a quiet haven in which the shattered bark might obtain the means of reparation or of safety.' The first report speaks of the introduction of suitable employment, in order 'to relieve the languor of idleness, and prevent the indulgence of gloomy sensations;' and alludes to the custom of forming tea-parties, at which the officers entertained their guests—the patients. Into these plans, Jepson (appointed to superintend the institution at an early period of its history) most heartily entered, and largely contributed, by his benevolence and skill, to the success of the institution.

[1] "Born 1732, died 1822. A sketch of his life will be found in the 'Journal of Psychological Medicine,' October, 1855."

[2] The father, we presume, of our author.—Ed. Med. and Surg. Rep.

[3] "Dr. Conolly's speech at Willis's Rooms."

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"The managers of the Retreat did not at once perceive how far the lunatic might be permitted to enjoy liberty, or to what extent his feelings and better nature might be effectually appealed to. But no chains of any kind, no hobbles, leg-locks, or handcuffs, were employed from the opening of the establishment. A patient was admitted who had been for twenty years chained and naked. With the exception of the occasional use of arm-straps, no personal restraint was employed from the moment of his admission. He was soon induced to wear clothes and adopt orderly habits. Another patient had nearly lost the use of his limbs from similar usage, and, for some time after his admission, it was necessary to lead him about like an infant. He was found to require no restraint, and was, after a while, able to walk without assistance. When one of his friends visited him, and asked him what he called the place, he replied, with great earnestness, 'Eden, Eden, Eden!'

"The two modes of restraint resorted to were either the strait waistcoat, or a belt to which the arms were attached so as to prevent mischief, but allowing of considerable motion.[1] When the waistcoat was employed, it was solely for the purpose of preventing what was regarded as dangerous violence, and was not applied as an instrument of suffering and punishment. It was reserved to others to show, that even the strait waistcoat is not essential to the safe custody of the insane; at the same time, the restraints above referred to were not to be compared with the chains for which they were substituted. 'Certainly,' observes Dr. Conolly, 'restraint was not altogether abolished by them (the early managers of the Retreat), but they undoubtedly began the new system of treatment in this country, and the restraints they did continue to resort to were of the mildest kind.'

"In the general arrangement of the house, in the size of the rooms, and especially in the avoidance of a gloomy, prison-like aspect, they anticipated, to a remarkable extent, the principles now admitted in reference to the construction of asylums for the insane. They entirely discarded the practice, then common in even the very best asylums, of having apertures guarded by strong iron bars and shutters (in the place of glazed windows), in the cells of the poorer patients. These shutters, when closed, of course excluded both light and air. Iron sashes, glazed, were employed throughout the Retreat."

The credit of first asserting and carrying out the principle of the entire abolition of mechanical restraint in the treatment of the insane, seems to belong to Mr. Hill of the Lincoln Asylum, though he frankly acknowledges that to the steady support of his

[1] "Evidence before a Committee of the House of Commons, 1815, p. 198."

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predecessor, Dr. Charlesworth, at whose suggestions many of the more cruel instruments of restraint had long since been destroyed, he owes chiefly the success that has attended his plans and labors. How prevalent this principle has become in the treatment of the insane, is evident from the fact that in 1854, "in about twenty-seven public or county asylums in England and Wales, out of about thirty, mechanical restraints had then become wholly abolished, these asylums containing altogether about 10,000 patients. In nine out of fourteen institutions for the insane, called hospitals, it also appeared, that restraints were no longer resorted to; these including Bethlem Hospital and St. Luke's; and the total number of insane patients in the hospitals exceeding 900."

Chapter fifth treats of the *Definition of Insanity, and of Classification.* Without examining into the merits or demerits of the various definitions given by different authors, we will give that of Dr. Bucknill, which seems to be at once comprehensive and as exact perhaps as the nature of the case will allow. He regards insanity as "a condition of the mind in which a false action of conception or judgment, a defective power of the will, or an uncontrollable violence of the emotions and instincts, have separately and conjointly been produced by disease."

After adverting to the various plans of classification of insanity proposed by different writers, and having spoken of the difficulty of giving a classification free from objection, our author proposes the following, based upon an analysis of the mind, though upon no certainly proved physiological system.

He speaks of these divisions as, after all, only the points and headlands of a recently discovered coast, which navigators have but partially delineated.

DISORDERS OF THE MIND INVOLVING—

CLASS I.—*The Intellect.*

	FORMS OF INSANITY.
Order 1. Development incomplete.	IDIOCY. IMBECILITY.
Order 2. Invasion of disease after development.	DEMENTIA. MONOMANIA (Intellectual). INCLUDING Delusions. Illusions. Hallucinations.

CLASS II.—*The Moral Sentiments.*

Order 1. Development incomplete.	MORAL IDIOCY. (?) MORAL IMBECILITY.

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Order 2. Invasion of disease after development.	MORAL INSANITY. MELANCHOLIA— 1. Religious. 2. Hypochondriacal. 3. Nostalgic. EXALTATION, regarding 1. Religion. 2. Pride. 3. Vanity. 4. Ambition.
CLASS III.—*The Propensities.*	
Order I. General.	MANIA (usually a disorder of all the faculties).
Order 2. Partial.	HOMICIDAL MANIA. SUICIDAL MANIA. KLEPTOMANIA. EROTOMANIA. PYROMANIA. DIPSOMANIA.

Our author does not, however, venture to carry out this classification in the work before us, but rests satisfied with simply placing before the reader little more than the typical forms of mental disease, with but slight reference to mental analysis, and with none to the pathological conditions with which these forms are doubtless associated but which hitherto have eluded the most searching examination of the scalpel or the microscope, so far as regards the particular character of the disease, or the locality affected in connection with particular forms of insanity. Idiocy, Dementia, Monomania, Melancholia, Mania, these may be said to constitute the generally recognized classification of insanity; and it is one which, so far as it goes, it is on several accounts practically convenient to retain. We shall not reject these terms; but the following more comprehensive grouping is added, in the hope that it may assist the reader. It will also serve to indicate the order in which, for the most part, the various forms of mental disease will be treated of in the subsequent chapters. Examples of Monomania may occur under either Delusional or Emotional Insanity.

IDIOCY.	
DEMENTIA.	Primary. Secondary.
DELUSIONAL INSANITY.	Of a melancholy character. Of an exalted character. Of a destructive character.

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EMOTIONAL INSANITY.	MELANCHOLIA, without delusion. Mania, with general extravagance of conduct ("Moral Insanity"). " with disposition to homicide. " with disposition to suicide. " with disposition to theft, &c.
MANIA.	Acute. Chronic.

All the above forms of Mental Disorder may be complicated with GENERAL PARALYSIS, or with EPILEPSY.

Chapter sixth is taken up with a notice of the *Various Forms of Mental Disease.*

Chapter seventh is devoted to the *Statistics of Insanity*, and it is an exceedingly interesting and important chapter. Among the causes of insanity, hereditary predisposition holds a very prominent place, as is plainly shown by statistics. In this connection it would seem to have been shown that the insanity of the mother is more frequently hereditary than that of the father; that in cases of hereditary transmission the disease of the mother is transmitted to a greater number of the offspring than that of the father; and that insanity is more frequently transmitted from the mother to the daughters, and from the father to the sons. As to the relative liability of the sexes to insanity it seems to be shown that men are more frequently its subjects than women, because more frequently exposed to the predisposing and exciting causes.

There would appear to be an increased liability to insanity connected with the age between twenty and thirty, because man during that period is brought into contact with an increased number of the causes of insanity.

While the access of insanity is shown to be more frequent in the summer than in the cooler months, it is also shown that the disease prevails more in cold than in warm climates.

The influence of occupation on the production of mental disease is one of great interest, and we give place to the following tables, the first of the kind, as far as the author is aware, ever published. These tables are prepared by taking the numbers (of the same population) in England and Wales, engaged in various occupations, according to the returns and classification of the last census, viz., 1851; then taking the numbers of the insane in asylums previously engaged in the same occupations (also taken from the census); and lastly calculating the proportion per 10,000. Thus the census gives 49,714 persons under the head of "seamstresses and milliners;" while under the same designation, report is made of 422 lunatics in asylums—giving a pro-

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portion per 10,000 of 84.9. In other words, of 10,000 women so engaged, 84.9 are insane. It will be readily seen that this is a very perfect method of calculation—we therefore copy the tables taking the liberty to condense them somewhat.

OCCUPATION. (*In Classes.*)	Proportion of Lunatics in Asylums to the sane per 10,000. MALE.	FEMALE.
Laborers and Mechanics (branch undefined, and exclusive of those engaged on land) . .	40.2	146.3
Persons of rank or property, not returned under any occupation	95.7	32.7
Persons engaged about animals		40.3
Persons entertaining, clothing, and performing personal offices for man	13.94	36.98
Learned professions	34.38	15.6
Persons engaged in the general or local government of the country	26.91	
Persons who buy or sell, keep, let, or lend money, houses, or goods	26.6	
Persons engaged in literature, fine arts, sciences.	22.6	26.2
" " in defence of the country .	23.32	
" " in art and mechanical produce.	10.6	17.8
" " about vegetable matters . .	14.5	10.2
Persons engaged in conveyance of men, animals, goods, messages	12.06	12.0
Persons who buy or sell, keep, let, or lend money, houses, or goods	10.3[1]	
Persons engaged in working or dealing in animal matters	10.2	4.02
Persons engaged using or dealing in minerals .	6.9	7.5
Persons possessing or working the land . .	3.3	1.3

[1] We would suggest the probability of there being a typographical error here in placing these figures in the male instead of the female column.—Ed. Med. and Surg. Rep.

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OCCUPATION. (In Sub-Classes.)	Proportion in 10,000 Lunatics in Asylums. M.	F.
Seamstress and milliner		84.9
Actor and engaged about theatre		72.08
Merchant	53.4	
Tobacconist		52.4
Commercial clerk	43.2	
Lawyer	43.02	
Physician and surgeon	42.93	
Laundress and charwoman		41.3
Hawker and peddler	39.3	20.6
Porter and messenger	16.3	38.8
Coachman	37.4	
Watchmaker	17.0	30.48
Clergymen and minister	28.87	
Draper	22.14	2.07
Artistic	28.6	
Domestic servant	18.3	28.3
Teacher	23.1	26.3
Weaver		26.3
Engaged in music	21.6	10.4
Barge and seaman	19.1	
Gold and silver worker	18.2	
Wood and furniture	18.1	
Tailor	17.4	7.4
Shoemaker	16.3	15.2
Engaged about books	14.8	12.2
Horsekeeper and jockey	14.8	
Commercial traveller	12.3	
Grocer	12.2	0.71
Gardener	11.7	
Engaged about vegetable food	11.1	11.6
Fisherman	11.4	
Agricultural laborer	4.5	11.4
Engaged about animal food	10.8	2.38
Engaged about houses, including bricklayers and joiners	8.21	
Engaged in wood	8.2	2.3
" iron and steel	8.06	4.9
" intoxicating drinks	7.6	2.6
Engaged about silk	7.4	7.3
" in cotton manufacture	5.18	6.67
Engaged about coal	5.5	
Farmer		0.9

In respect to the influence of marriage on insanity, it would appear that celibacy and widowhood, as compared with the married state, are favorable to the occurrence of the disease, and that celibacy acts almost equally on men and women, while widowhood exercises more influence upon the former.

The statistics of recoveries and relapses show that "in asylums which have been established during any considerable period—say twenty years—a proportion of much less than 40 per cent. of the admissions is, under ordinary circumstances, to be regarded as a low proportion, and one much exceeding 45 per cent. as a high proportion" of recoveries; and Dr. Thurnam concludes that "the liability to a relapse, or recurrence of insanity, after recovery from the first attack, all things considered, cannot be estimated as at less than 50 per cent., or, as one in every two cases discharged as recovered."

Finally, as to the mortality of the insane, Dr. Thurnam arrives at the following conclusion: "Taking considerable periods of time, during which there have been no extraordinary disturbing circumstances in operation in a mixed county asylum, or in one for the middle or more opulent classes as well as paupers, a mortality which exceeds 9 or 10 per cent. is usually to be considered as decidedly unfavorable, and one which is less than 7 per cent. as highly favorable." Our author concludes that the mortality of the insane is undoubtedly greater than that of the sane.

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Chapters eighth, ninth, and tenth, are devoted respectively to the Diagnosis, Pathology, and Treatment of Insanity; but, as we have occupied a great deal of space in the analysis of the preceding chapters, we must forego any further notice of this valuable and much needed work at this time. We cannot too strongly commend the work to the attention of our readers. It is written in a very attractive style, and the authors are evidently well fitted for the task they have undertaken. We have devoted a large space to a notice of the work, partly for the reason that very little is said in our medical journals on the subject of insanity, while it is encountered by most practitioners, though it is true its subjects do not often remain long under their treatment, being soon removed to asylums. The space we have devoted to the work must be regarded as some evidence of our appreciation of its value.

ART. VIII.—*A Practical Treatise on the Causes, Symptoms, and Treatment of Spermatorrhœa.* By M. LALLEMAND, formerly Professor of Clinical Surgery at the University of Montpelier, etc. Translated and edited by H. J. McDougal, M. R. C. S. E., etc. etc. Third American edition. To which is added, *On Diseases of the Vesiculæ Seminales, and their Associated Organs; with Special Reference to the Morbid Secretions of the Prostatic and Urethral Mucous Membrane.* By MARRIS WILSON, M. D. Philadelphia: Blanchard & Lea, 1858. Pp. 380.

IN this volume Dr. McDougal presents us with nearly the whole of the original work of Lallemand, only omitting a number of cases, which are a mere repetition of others. The cases number 62, and are detailed in a most admirable manner, showing the origin, progress, complications, treatment, and final results. They are resolved into various chapters, under these heads: Inflammation of the Spermatic Organs; Causes of Spermatorrhœa, as Menorrhagia, Cutaneous Affections, Influence of the Rectum, Abuse, Venereal Excesses, Action of Certain Medicines, Action of the Cerebro-Spinal System, Congenital Predisposition; Symptoms of Spermatorrhœa; Treatment.

Having passed through three editions in this country, its merits and demerits have been sufficiently discussed ere this, and as Dr. Wilson does not make any change in the first portions of the work, there is no necessity for particular notice of this portion.

The addition by Dr. Wilson is contained in seven chapters:—Introductory Remarks; Composition of the Semen, Functional, Chemical, and Microscopical; Pathology of Spermatorrhœa; Impotency; Causes of Spermatorrhœa; Symptoms; and Treatment.

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Dr. W. relates no cases, but promises at some future day to give to the public those seen by him in full, in order that proper information may be had as to the deduction of his opinions concerning the nature of this disease.

We shall only give some of his ideas on the treatment of spermatorrhœa, without attempting to examine into his theories, &c., of its pathology.

By a review of Lallemand's cases, it is seen that his treatment by cauterization has too often failed, and it is a specific only in theory. Dr. W. considers it beneficial only when it produces a sufficient counter-irritation, and in subacute inflammation of the vesiculæ seminales and testicle.

He considers the mode of applying the caustic has much to do with its success, and may be the cause of so many failures. When too freely used, it may occasion excessive action with severe pain, even lay the foundation for ulceration.

Acupuncture he has tried without success, though so highly recommended by Lallemand.

In many instances, where evident disease of the brain has been induced by this affection, and, in fact, in the host of minor troubles arising from the same, how rarely do we find the physician inquiring whether this may not be the cause of all the difficulty; he prescribes a tonic, or some nervine, and passes it over, the case continually growing worse, because the source of disease is neglected.

Dr. Wilson, by his treatise, has added much to the value of the work, and it is to be hoped that he will shortly fulfil his promise of publishing his cases in detail.

ART. IX.—*The Mind Unveiled; or a Brief History of Twenty-two Imbecile Children.* "There is a spirit in man, and the inspiration of the Almighty giveth them understanding." Pp. 147. Philadelphia: U. Hunt & Son, 1858. Price 62 cts., with illustrations $1 25.

ALTHOUGH the modest author of this work, J. N. Kerlin, M. D., has witheld his name from the title-page, he has succeeded in making his book so interesting that our satisfaction in reading it is not altogether unalloyed with a feeling of disappointment, that the author has not given, in connection with his cases, some more specific information on the history of asylums for feeble-minded children, and an outline of the principles of treatment pursued. However, this did not, at this time, enter into the author's plan. He is connected with the Pennsylvania Training School for Fee-

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ble-Minded Children, and the prime object of the work is to call the attention of the public to the importance of supporting an institution of so beneficial a character as the one in question.

This book shows what may and has been done for this class of unfortunate children who at their homes are often treated more like brutes than like human beings. Seldom have we been more highly gratified than when witnessing at this institution the very remarkable degree of culture that such minds are capable of receiving. We trust that our readers will procure this work, and convince themselves of the benefits in store for feeble-minded children, and interest themselves in behalf of any in their own neighborhoods, who ought to be availing themselves of the benefits which proper training offers to this unfortunate class.

The Pennsylvania Training School is at present located at Germantown, in this city, and is under the superintendence of Dr. Joseph Parrish, formerly editor of this journal, with Dr. Kerlin as resident physician. A new institution, on a somewhat extended scale, with a farm attached, is in progress of erection at Media, about fifteen miles from this city, which it is expected will be ready for occupancy next spring.

We trust that a new edition of Dr. Kerlin's book will soon be called for, and that he will embrace the opportunity of elaborating it to the extent of making it a text-book on the subject, illustrated with cases.

ART. X.—*Pathology and Treatment of the Paralysis of Motion.* Pp. 62. J. P. BATCHELDER, M. D., New York. From the author.

THIS subject forms the basis of a very interesting pamphlet by Dr. B., in which he treats the whole matter in a masterly manner. He does not consider this a disease, but merely a symptom—"the non-communication of the appropriate stimulus to these muscles by the mind." He considers paralysis a symptom in two points of view: "1. In relation to the function of the affected muscles. 2. In respect to their physical condition."

After a stroke of paralysis, the patient is like an infant, and requires training to cause proper recovery of motion in the affected limbs. The patient has only lost the will and power of causing contraction and expansion, though the muscles are not destitute of contractility. He differs from the infant in requiring aid to move his limbs, and in so moving them we must induce his aid, concentrate his attention upon the parts, &c. Dr. B. from the different condition of the muscles, gives the following indications of cure:—

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1. To restore strength to the powerless muscles.
2. To overcome abnormal contraction in others.
3. To obviate or counteract the perverse action of such as act irregularly.
4. To renovate the will, and reconnect it with the affected muscles.

The first three indications point directly to the fourth, which is, in fact, the ultimate object aimed at.

For the first two, he resorts to "passive contraction." Splints, etc., are applied so as to make the origin and insertion of the muscles approximate, till the fasciculi contract and adapt themselves to the change; or to extend the muscles so as to overcome the contraction, every day rubbing several times the limb for half an hour or longer, the apparatus being removed, at the same time, directing the patient's attention to the movements, &c.

For the third, employ such mechanical means as will prevent the untoward action.

For the fourth, teach the patient like a child, to direct his attention to the muscle to be moved, so as to bring the will to bear on it, and thus put forth his mental as well as physical energies to the task.

Medication, as by electricity, galvanism, and strychnine, is "to be used, mainly, for the purpose of exciting motions in the paralyzed limbs, analogous to the primary movements in early infancy."

First applied with great caution, they should be *gradually* increased, as irreparable injury may be produced by too violent efforts at first. At the time of using these remedial agents, the attention of the patient should be directed to the fact, and he should be exhorted to concentrate upon the matter all his attention.

Dr. B. relates some interesting cases, detailing carefully the progress and the means employed to overcome the paralysis.

After these, he gives some additional remarks on the "Time of Attack," "Particular Symptoms—sense of coldness, numbness, drowsiness, vertigo, pain in head, &c."

The pamphlet is one of undoubted value, and we anticipate its publication will produce wide-spread benefit.

ART. XI.—*Minutes of the Quarantine and Sanitary Convention held at Baltimore, April*, 1858. From W. JEWELL, M. D.

THIS second annual meeting of the Quarantine Convention was very well attended, there being 81 delegates present. It convened April 29th, and adjourned May 1st.

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The following officers were elected: President, Dr. Wm. M. Kemp, Baltimore, Md.; Vice Presidents, Dr. Jno. M. Moriarty, Boston; Geo. N. Eaton, Esq., Baltimore; Dr. P. C. Gaillard, Charleston, S. C.; Secretaries, Chas. H. Haswell, Esq., N. Y.; Dr. D. I. McKew, Baltimore; Hon. F. F. Ferguson, Norfolk.

The following subjects were referred to a committee to investigate and report at the next meeting: "1. A History of Quarantine. 2. Have Quarantines secured the object for which they were originally intended? if not, the reasons of failure. 3. What reforms are required to make Quarantine more efficient and less burdensome? 4. Is a uniform system of Quarantine Laws feasible? If so, to propose a plan by which the object may be accomplished."

The following gentlemen compose the Committee: Drs. W. Jewell, J. M. Moriarty, Werner Cleveland, Wm. J. Wragg, Wm. Selden, R. La Roche, and D. F. Condie.

Dr. J. H. Griscom, of N. Y., sent a communication, and some pamphlets on History of Yellow Fever at N. Y.

Resolutions were submitted and a committee appointed to report on the Internal Hygiene of Cities; Registration of Births, Marriages, and Deaths; on Disinfectants; Supply of Water, and Sewerage; Sanitary Measures in Cities, &c.

Altogether the minutes form a very interesting and important pamphlet, and it is to be hoped the gentlemen engaged in this project may succeed in all they undertake.

ART. XII.—*Pamphlets, &c., received.*

1. Report of the Board of Managers of the Pennsylvania Hospital. From this Report we gather the following general facts:—

Expenditures of the Pennsylvania Hospital for the year ending April 24, 1858	$35,228 98
Receipts during the same period	14,428 95
Expenditures for Insane Department for the year ending April 24, 1858	73,725 33
Receipts during same period	64,918 39

In the Hospital Department there were treated during the year:—

Surgical Cases . . .	1,075
Medical " . . .	747
Total,	1,822

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There were discharged during the year 1680 cases, leaving in the Hospital on the 24th of April, 1858, 142 cases.

Average number of patients in the house during the year 162. Average time each patient was under treatment 32.38 days.

Of the patients discharged from the Hospital:—

The proportion cured has been	61.81	per	cent.
" " relieved has been . . .	16.78	"	"
" " removed without material improvement	4.77	"	"
" " discharged for misconduct and eloped	1.43	"	"
" " died	8.21	"	"
	100.00		

The greatest mortality among the surgical cases was in fractures of the lower extremities, in which out of 31 cases, 11 died, nearly one-fifth of the whole mortality.

Among the medical cases the greatest mortality was from phthisis, viz., 16 out of 66 cases; the next greatest was from disease of the heart, 11 out of 28 cases. About one-third of the whole mortality was from these two causes.

In the insane department there were treated during the year 359 cases. There were admitted during the year 116 cases, discharged 124 cases. Remaining April 24th, 1858, 235 cases. Average number of patients resident in the Hospital during the year 237.

Of those discharged there were—

Cured	61
Much improved	12
Improved	23
Stationary	9
Died	19
	124

2. Proceedings of the Sixty-sixth Annual Convention of the Connecticut Medical Society, May, 1858. From the Secretary, Dr. P. M. Hastings.

3. Transactions of the Tennessee State Medical Society, 1857–8.

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EDITORIAL.

GRATUITOUS MEDICAL SERVICES TO CLERGYMEN.

It is surely not necessary for us to occupy space in demonstrating the fact that our profession does a large, a *very* large amount of unrequited labor, and that too very often where it has a right to expect full remuneration. We do not propose at this time to discuss this question fully in all its aspects, but will, for the present, leave that to our correspondents.

There is one class of men to whom, by common consent, the medical profession has hitherto, almost universally, rendered their services free of cost, and they have, in times past, done it cheerfully—viz., to ministers of the gospel and their families. But a great change is evidently rapidly taking place on this subject in the minds of many of the profession. Several reasons occur to us why this is so. Fees are now at a minimum, while living is at a maximum rate. The expenses of living are much greater now than when custom established the present *nominal* rates of fees. Finding, therefore, that his income is insufficient to meet his expenses, the physician is induced to abrogate a rule which many of them think has its foundation in custom rather than in justice. Again, many of our clergy, particularly in large cities, receive high and remunerative salaries, and there certainly is no reason why *they* should not pay reasonable bills. The physician is liable for pew-rent, for his *full* share of the minister's salary, and other church expenses, and is always regarded as just the man to appeal to for any benevolent object. As there are no exceptions in *his* favor, why should he make an exception in favor of the minister? But there is another, and perhaps a more potent, reason. Take the clergy as a class, and it is charged that they are forward, oftentimes meddlingly so, in the recommendation and encouragement of the various forms of quackery, thus often interfering with the office of the physician; and that they have thus placed themselves beyond the right to claim or expect any favors at the hands of the physician. One more reason is urged.

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Clergymen have become so accustomed to receiving these favors that many of them seem to regard them as a conceded and undeniable right, and often fail to make even a suitable verbal acknowledgment for the gratuitous services rendered them.

While we readily admit the force of much of this reasoning, we are not prepared to fully commend to general adoption the resolution recently passed by the District Medical Society for the County of Camden, N. J., by which its members resolve to charge clergymen for medical attendance. Indeed, we think it unadvisable to have any fixed rule on the subject. The labors of a very large proportion of the clergy are eminently "labors of love," and very few of them, as a class, receive remunerative salaries; and to such, gratuitous medical attendance is, in our view, *due* for their Master's sake—and not, by the way, for any supposed influence that they may exert in favor of the physician. While, therefore, we should not hesitate to charge wealthy clergymen, or those receiving remunerative salaries, we should be very sorry to be the recipient of a fee from the scanty means of the impoverished *curés* of the larger proportion of our parishes.[1]

DULL TIMES.

Did the medical profession ever encounter such dull times? Certainly not for many years, if we can judge by what veteran practitioners tell us. Very little sickness for several years past, small bills in consequence, and "low funds" to collect them from. Such is almost the universal complaint.

Well, how does all this affect *us*—"we"—the editor? Why, we are within the reach of the *general* complaint, besides being affected secondarily by the universally tardy payment of subscriptions. These "times" have killed several medical journals outright, besides discouraging the starting of several new ones which had been announced. Nor is this all—and *here*, by the way, *is the pith of this article*—they interfere sadly with our obtaining mate-

[1] *Preachers' Salaries.*—Of the whole number of preachers of the Pittsburg (Pa.) Conference, twenty-nine got over $500, forty-two got between $400 and $500, forty-five got between $300 and $400, twenty four got between $200 and $300, and thirty got less than $200. The total amount paid to one hundred and seventy preachers was $62,542 66, including house-rent and travelling expenses, which would average $367 90 for each preacher.

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rial for filling our journal. We never found our exchanges so dull and heavy as they are now. They contain, and we can obtain, but few original articles; the material from which to prepare abstracts is scarce; our city societies are in a state of estivation; while our "own" correspondents have exhausted their wits in trying to make something out of nothing. There is one universal cry, "There's nothing to write about." Well, friend, now is the time to get down your "case-book," brush the dust from it, and look up that "case" you promised us long ago; now is the time for you to discuss that point you agreed to when we last saw you.

But we fear our appeals have come rather late in the day; we feel that we have almost weathered the storm. The debilitating heat of mid summer will soon have passed away; the machinery in our cities will be in motion again in a short time; and we have in view a plentiful supply of medical society, hospital, and other clinical reports, etc. etc., with which ere long to freight our journal.

We have observed that whenever time hangs heavy on the hands of the physician, when his pocket memorandum-book exhibits a beggarly account of blank lines, when his visits are few, and fees at a low ebb, then he resigns himself to ease and repose; then is *not* the time that he chooses to use the pen. But let business revive, let his blank pages be dotted with the memoranda of visits made, and then his fingers become supple, his ideas flow freely from the nib of his pen, and we are constrained to "beg the indulgence of our correspondents" till we can make room for their communications. Friend, if you have an article in the skeleton for us, now is just the time to finish it, as business is reviving wonderfully.

CORRECTION.—We have received a letter from Dr. Waring, calling our attention to an accidental error in our review of Geddings' *Surgery*. The particular portions commented upon were not from Dr. Geddings, but were written by Dr. Waring, with his initials appended.

DR. CORSON *v.* DR. FITHIAN.

In the REPORTER for June, we published an article on Scarlatina. The writer of the article, Dr. Fithian, of Woodbury, New

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Jersey, took occasion to comment on some expressions in the report of the Standing Committee of the Medical Society of New Jersey, which was published in our March number. These expressions relate to the treatment of scarlet fever, and are to be found on page 220 in that number. Dr. Corson, of Trenton, a member of the late Standing Committee, thinking that Dr. Fithian's comments were harsh, sent us a reply to Dr. F.'s criticism; but not liking the spirit of the reply, and thinking that some of the expressions it contained were uncalled for, as we failed to see wherein Dr. Fithian had transgressed the bounds of legitimate criticism, we declined publishing the article unless its author would submit to some emendations which we proposed. This he is not willing to do to the extent which we feel it our duty to insist upon, before giving publicity to the article. In this, Dr. Corson thinks we do him injustice. We are sorry to have to differ with him on this point, and we claim that in suppressing the article as sent to us, we rather did an act of kindness to our friend.

In our correspondence with Dr. Corson, we took occasion to say that we were confident that Dr. Fithian had no intention of being personal, and entertained no unkind feelings towards either of the members of the late Standing Committee; and we are glad to have it in our power to say that our remark is borne out by Dr. Fithian himself, who is surprised and grieved to find that his remarks have given offence; and he desires us to say that his article was in no sense meant to be personal; that, in fact, he had reference in his strictures rather to the Society for giving publicity to such doctrines, than to the authors of the report, whose right to embody their own opinions in a report he has no disposition to question. The members of the Committee are, personally, entire strangers to him, though he expresses the hope that it will be his privilege to meet with them, and show them that he entertains no ill-will towards them.

We comply with Dr. Corson's request to publish the following note, and trust that further reflection will convince him that our course has been a proper one; and we certainly need not assure *him* that our course has not been taken out of any unfriendly feeling towards him, but from a sense of duty to all concerned:—

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TRENTON, *July 12th*, 1858.

S. M. BUTLER, M. D., *Ed. Med. and Surg. Reporter*—

DEAR SIR: Your letter of the 10th, in which you inform me that my answer to part of Dr. Fithian's article in the June number of the REPORTER cannot be published, unless certain alterations which you suggest are made, was duly received. I cannot submit to those alterations, and am not willing to have my answer published in a mutilated form. As one of the Standing Committee whose report is attacked by Dr. Fithian, I feel that Dr. F. has done me great injustice; and I very much regret that you are not willing to allow my answer to appear. And I also think that you are treating me unjustly in refusing to publish my answer. But it is not my place to dictate to you; and, therefore, I must submit to your decision.

Truly yours, &c.,
THOS. J. CORSON.

FOREIGN OBITUARY.

DEATH OF SIR PHILIP CRAMPTON.—The London papers announce the death of Sir Philip Crampton, Bart., Surgeon-General of the Forces in Ireland, at his residence, Merion Square, Dublin, on the 10th of June. For half a century, he was at the head of the profession, and at the time of his death had reached his 85th or 86th year. There will be no successor to the office of Surgeon-General of the Forces, as the place, in fact, was abolished many years since, the title being retained by Sir Philip Crampton only as a matter of form.

DEATH OF ROBERT BROWN, THE DISTINGUISHED BOTANIST.—On the 10th of June, also occurred the demise of Robert Brown, F. R. S., probably the most illustrious of English botanists. His admirable descriptive flora of Australia, and his monographs on some of the most difficult and important natural families, place him in the first rank of those who have brought the science to its present advanced state. He had attained his 85th year, was Foreign Associate of the Institute of France, Keeper of the Botanic Collections in the British Museum, and had been President of the Linnæan Society.

DEATH OF MR. JAMES NOLAN, THE IRISH PATRIARCH.—The *Carlow* (Ireland) *Sentinel* announces the death of Mr. James Nolan,

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of Knockindrane, who had attained the age of 116 years, having been born, according to the most unquestionable evidence, in 1742. His custom was, from an early period of his life, to bathe his head in cold water every morning throughout the year. His memory was strong and tenacious, and his narrative of the many events which occurred within his recollection, during the period of a century, was clear, precise, and accurate. About six years ago, his landlord sent a photographic likeness of him to the Queen; since which event he has been visited by numerous parties from all sections of the country.

EDITORIAL CORRESPONDENCE.

POOR PICKINGS FOR DOCTORS.

Boston, *July 9th*, 1858.

The cold weather of our spring held on to a very late day. Since this month began, we have had some very hot days, but the nights have been cool. As yet, few have complained of the heat, and cassimere and broadcloth have not yet given way entirely to linen and seersucker. The health of Boston never was better than for the last six or eight weeks. Think of about fifty deaths only in a week, for a population of 170,000, and that the mortality from phthisis remains about the same as in other seasons. Acute diseases have been almost unknown. Even the Fourth of July failed to produce cholera morbus; and the intimate connection between colic and cucumbers seems to have been dissolved. There is nothing in the way of prevalent disease to write about.

MASSACHUSETTS GENERAL HOSPITAL.

The changes long contemplated at the Massachusetts General Hospital have been made. The superintendent has given way to a resident physician, who has an ample salary, and whose duty it is to make the evening visit to the patients and attend to calls of emergency. The office has been filled by the appointment of Dr. Benjamin S. Shaw, a gentleman of undoubted qualifications, who had already become an authority in microscopy and chemistry, and who will have ample opportunities to follow the study of these

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branches. The assistants to the physicians and surgeons, formerly known as house pupils, will no longer reside in the hospital, but will live near enough to attend at the visits, and to come in when called for. There is reason to believe, even should the expenses be not diminished by the new plan, that the funds will be more profitably employed, and the work better done; although it requires a new officer, the steward, to perform a part of the duties formerly belonging to the superintendent.

THE SALE OF POISONS.

Have you any law in your neighborhood which restricts or regulates the sales of poisons? My attention has been called to the subject of late, in consequence of being present at an inquest, where, in reply to questions, it came out that an apothecary always sold any substance to any one who might ask for it, under the provisions of the law. The law is intended to protect the public, but it simply provides for the infliction of a penalty of fifty dollars for the sale of prussic acid, arsenic, corrosive sublimate, or strychnia, to any one, without making a registry of his name and residence, the date, and the quantity sold, in the druggist's book. I took occasion to call at numerous drug stores to ask for strychnia, where I was not personally known, and found only one at which I could not purchase it without a prescription, in any quantity I chose to call for. Not more than one druggist out of three was aware of any law touching the sales of poisons. Almost all of them, on being questioned if they sold to any one without hesitation, said, "No; we judge by the personal appearance of the purchaser, whether he intends to make a bad use of it or not." This answer was given indiscriminately by the proprietors of shops, and by boys of from fifteen and upwards, who were left with the sole charge of the business.

One might be disposed to smile at the law; but when he reflects that it was passed by the most wooden-headed legislature that Massachusetts ever was afflicted with, he is reminded that they were guilty of many comicalities.

GOOD FOR DYSPEPSIA!

Should your neighbors be afflicted with dyspepsia, send them

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to Boston. We have a large establishment in this city for its cure. Their charter gives them the title of the Metropolitan Railroad Company. The original plan was to carry passengers through the city at a moderate expense, a rapid rate, and with greater ease than the omnibuses used to. They have contrived to sink the latter consideration, for the benefit of dyspeptics. The means by which they do this is a combination of ingenious contrivances, and as they have no secret in doing their work, I would suggest its adoption by you. In the first place, the rails are very short, and no two are made to lie upon the same level. After they are placed upon the street, they are forced irregularly apart by the paviers in laying the roadway; and, to complete the whole, wheels are used of various style of curve, from the ellipse to an almost perfect circle. The small mortality for the season may, in part, be attributed to the efforts of this company.

Yours, &c., C. E. B.

—

Sulphate of Morphia in Difficult Labor.—Dr. John W. Jackson, of Rockaway, N. J., writes us as follows:—

"The article in the July number, on the use of sulphate of morphia as an 'adjuvant in parturition,' coincides with my experience. I made the discovery five years ago in February. I was called to Mrs. B., in labor with her second child. The pains were regular, but 'cutting' with very little pressure on the neck of the uterus. On examination, I found the os dilated only as large as a dime, and very rigid. I wanted to be absent a short time—so, to keep the patient quiet during my absence, I gave her morphia in solution. I was absent only about fifteen minutes, when, on another examination, I found the os uteri largely dilated—the membranes fitted—the head presenting in the first position. I ruptured the membranes, and delivery followed immediately. After the exhibition of the morphia the pains were more pressing and frequent, the action relaxing the rigidity of the os uteri, and the labor was easy and expeditious. Since that I have used it in nearly every case I have attended, and always with satisfaction, indeed, so much so, that I rarely or never use ergot, for I very seldom see any good effects from its use. * * * I could cite a number of cases of the good effects of the morphia in difficult parturition. It should be carefully given, and in small doses."

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SELECTIONS.

Treatment of Tuberculosis of the Hip-Joint.

In the treatment of this affection, which, if our notions of its pathology be well founded, is, like scrofulous disease in general, merely a local manifestation of a constitutional vice, topical remedies alone will not avail; to prove efficient and truly useful, they must be combined with and aided by means addressed to the general system with a view to the improvement both of the solids and fluids.

Whatever may have been the duration of the malady when the treatment is commenced, the first and most essential element in the management of every case of the kind is repose, not merely of the limb alone, but also of the body—repose absolute, unconditional, and persistent. Upon this subject there must be no compromise between the patient and his attendant. The contract entered into at their first interview must be observed with the most scrupulous fidelity—it must be both binding and permanent. The slightest departure from this injunction would in any stage of the complaint be of great detriment to the patient's limb, while in its more advanced stage, when the bones and cartilages are destroyed and matter exists in the joint, it might seriously jeopard his life. Recumbency must be observed for months upon months. Too much stress cannot be placed upon this point, when it is remembered how important it is to keep parts, comparatively insignificant, perfectly at rest when in a state of suffering. In inflammation of the fingers and toes, repose and elevation of the affected structures are instinctively sought, and, if possible, maintained until the morbid action has in a great degree subsided and function been restored. Now, if this be necessary in ordinary inflammation and in textures which have no important uses and sympathies, how much more necessary is it when the malady is of a specific nature and the organ involved is so important as the hip-joint?

In order to render the patient as comfortable as possible, and enable him to endure his protracted confinement without detriment or inconvenience, he must be furnished with a suitable bed provided with slats and a firm but elastic mattress. A common trundle-bed, about four feet in width, will answer every purpose, and is in every respect preferable to the common bed, especially if the patient is a child, as he will thus be less liable, if he should roll out, to hurt himself. The sheet should be well secured at

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the sides, that it may not become rumpled, and the pillow should be of medium size, so that, while it affords adequate support to the head and shoulders, no undue weight may be thrown upon the trunk and pelvis.

The local remedies must be regulated by the progress of the malady and the constitution of the patient. If the disease be in its first stage, if the pain be violent and frequent in its recurrence, and if the general health remain unimpaired, we can scarcely fail to derive special benefit from the application of leeches, or, in their absence, from the use of a large blister. The leeches should be scattered over the affected joint, and after they have dropped off, the flow of blood should be promoted for some time with cloths wrung out of warm water and frequently renewed. Their number must depend upon circumstances, but in general from six to eight will be sufficient for a child from three to six years of age. Sometimes a blister may be applied advantageously within a few days after the leeching, and I much prefer this mode of counter-irritation to the employment of liniments, embrocations, croton oil, tartar emetic ointment, and iodinized lotions, which is always attended with friction, and for that reason often prejudicial to the inflamed structures. By these means, aided by a plain, simple diet, consisting mainly of farinaceous articles, with milk, weak tea, or milk and water, at breakfast and supper, and an occasional purgative of from two to three grains of blue mass with double that quantity of jalap, most of the cases that are brought under the notice of the practitioner may be radically cured in a few months. If fever be present, or if there be decided plethora, as denoted by the state of the pulse and face, the antimonial and saline mixture may be given in such doses and at such intervals as the nature of the case may seem to require. When the pain is so severe as to interrupt sleep, opiates must be used with warm anodyne poultices or fomentations, or, what I have found to be of greater benefit, a lotion composed of three parts of soap liniment and one of acetated tincture of opium with from half a drachm to a drachm of carbonate of potassa to the ounce, applied by means of a fold of flannel, kept constantly wet, and covered with gutta-percha. Cold applications are generally inadmissible both in this and in the other stages of the disease. Where the skin is unusally dry, or the system more than commonly irritable, the warm bath, carefully administered for half an hour at a time, with a Dover's powder at night, is sometimes highly beneficial, but great care must be used in its administration lest the affected joint sustain injury.

I am not an advocate, as a general rule, for confining the affected limb in splints, as is the custom of many practitioners, with a view of securing more perfect rest of the joint. The patient himself will usually instinctively take care of this. It is only or chiefly

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when the limb is much out of shape, or in a position in which, if permanently retained, its usefulness would be seriously impaired, that I have found such a proceeding either necessary or desirable. The restraint occasioned by all such contrivances is generally exceedingly irksome to the child, and is often, I am sure, productive of harm rather than of benefit. When the malposition of the extremity is considerable, the first thing to be done, provided there is as yet no great structural lesion, is to rectify this by extension and counter-extension, aided, if necessary, by rotation and abduction, the patient being under the influence of chloroform, and then to apply a suitable apparatus for maintaining the limb in its new relations. The best material is gutta-percha, undressed sole-leather, or trunk-maker's board, soaked in hot water, and adapted to the hip, thigh, and leg, being kept in place by a common roller. When dry, these articles form an admirable case, which may afterwards be padded with cotton to ward off pressure, and which will thus effectually prevent motion not only of the hip but also of the knee and ankle.

The attempts at rectifying the malposition of the limb are occasionally annoyingly counteracted by the contraction of the principal adductor muscles of the thigh, especially the pectineal and short adductor, which are sometimes so much shortened as to draw the extremity nearly across the sound one. When this is the case, the most expeditious plan is to divide these muscles subcutaneously.

In the second stage of the affection, the only reliable local remedy, according to my experience, is a large issue, for the purpose of securing a free and permanent discharge of matter. If the case have not been seen before it has reached this crisis, some of the means already mentioned, as leeching and blistering, may be tried; but, unless they are promptly beneficial, no time should be wasted in their employment. The disease is now thoroughly established, and must be met in the most decisive manner, if we would wish to avoid its disorganizing and destructive consequences. The best place for making the issue is the most prominent part of the swelling, which is usually either directly over the joint or in its immediate vicinity.

The most eligible form of issue is that made with the actual cautery. The patient being under the influence of an anæsthetic, the iron, heated to whiteness, is gently pressed upon the part until a suitable eschar has been formed; one about the size of a twenty-five cent piece, if the patient be very young, or twice that size, if he be twelve or fifteen years old. The slough, which should not extend beyond the subcutaneous cellular tissue, will generally drop off within the week; and, during this period, as well as afterwards, the parts should be kept constantly covered with a linseed poultice, renewed several times in the twenty-four

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hours. The discharge, if flagging, may be promoted by savine ointment, by simple cerate containing a few drops of nitric acid to the ounce, or, what I prefer, the occasional application, for a few hours, of a small blister.

Independently of the advantages here alluded to, as being afforded by the issue made with the hot iron, there is another of nearly equal, if not, indeed, greater value. I allude to the fact that it may be used most efficiently for the local application of morphia, not so much for inducing sleep, as with a view of allaying the excessive pain of the parts, and the spasmodic jerkings of the muscles of the limb. Employed in this wise, it acts, according to my observation, much more promptly and energetically than when administered by the mouth. The quantity necessary to produce the desired effect will, of course, depend upon circumstances; but, in general, from half a grain to a grain will be required for a child three or four years old. Sometimes an injection of laudanum, or an opiate suppository, will allay the pain and quiet the system more effectually than anything else.

In regard to the patient's diet, in this stage of the disease, the same rules should govern as in the preceding stage; but it should, if possible, be somewhat more restricted, especially if there be much pain, with occasional fever. The bowels should also be maintained in an active condition, the best general purgative being a few grains of blue mass, with a suitable quantity of jalap, or the compound calomel pill. Salines and nauseants will rarely be required. If the patient labors under symptoms of debility, as denoted by the pallor of his countenance, the coldness of the extremities, and the disorder of the digestive organs, tonics, especially quinine and iron, should be employed, along with a more generous diet and nutritious drinks.

In the third stage, characterized by serious structural lesion, and the formation of matter, the treatment will require to be essentially modified, to meet the local and constitutional contingencies. Prior to this period, it was, if not decidedly antiphlogistic, at all events rather of a depressing character, intended to subjugate inflammation and establish resolution; now that the morbid action has gained the ascendency, and exhausted both part and system, a widely different course is demanded.

Two most important indications are presented, in almost every case, at this stage of the complaint. The first is to limit the suppurative process; the second, to promote the speedy absorption of the effused fluid. To fulfil either is generally no easy task; for experience has proved that there are few cases in which our efforts, however skilfully conducted, are crowned with success. When the suppurative process declares itself by well-marked symptoms, as rigors, alternating with flushes of heat, and followed by copious sweats, something may be done to moderate

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its violence by the steady and energetic use of antiphlogistics; but, in general, it will be found that the patient is either too feeble to justify their employment, or that the disease has been so insidious in its approaches as to defy recognition before the mischief has been completed. It has been seen, however, that matter does not always attend this stage, and that when it does, it often exists only in small quantity. Now it is in the latter class of cases, more particularly, and in those where the suppurative process can be carefully watched from its very inception, that strenuous and persistent efforts should be made to prevent its accumulation, with its concomitant mischief. For this purpose the affected hip should be painted at least twice a day with some sorbefacient lotion, such as equal parts of tincture of iodine and alcohol, or a weak solution of iodine and iodide of potassium, care being taken that, while applying it efficiently, it is not put on so freely as to cause pain or irritation beyond a few minutes. The object should be merely to excite the absorbents, the capillaries being fully kept in abeyance; otherwise, injury, not benefit, will be likely to result. Sometimes a large blister answers a good purpose; retained just sufficiently long to produce slight vesication, and repeated every four or five days for several successive weeks. Thorough or protracted vesication is to be avoided, as likely to prove detrimental, from its irritating effects, both upon the part and system. If the disease has not yet advanced too far, if the abscess is still small, and, above all, if the suppurative process be attended with great pain and constitutional disturbance, I know of no remedy so well calculated to fulfil the present indication as the actual cautery, applied in such a manner as to produce a broad but superficial issue.

Along with the local remedies just pointed out, should be used certain internal means, to aid and expedite their sorbefacient action. At the head of the list may be placed mercury, especially the iodide and bichloride, administered in small quantities several times a day, and properly guarded by opium, to prevent them from griping and purging; the iodide of potassium and Lugol's solution are also valuable remedies. Ptyalism is of course avoided, and the strength is sustained with tonics, a generous diet, and nutritious drinks.

If these means fail, or if the abscess be already very large when we are called to the case, the matter should be evacuated artificially. I am aware that, upon this subject, there is generally a great deal of repugnance evinced by practitioners, on the supposition that any interference of this kind will only tend to aggravate the local disease and cause hectic irritation. To such a view, however, I cannot subscribe. On the contrary, I can see no just reason why the general rules of surgery should be departed from

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in this disease any more than in others. It is well known that matter, wherever and whenever existing in large quantity, invariably does harm; for, not only is it apt to burrow extensively among the surrounding parts, but it must necessarily, by the pressure which it exerts upon the inflamed surfaces with which it is in contact, increase the pain, and effectually prevent the restorative process. That this is the case in regard to extensive purulent collections generally is a fact so well established as to require no argument in its support, and if there be any exceptions respecting such accumulations in the hip-joint, I am not aware of them. My conviction is, that practitioners, influenced by the dogmas of the schools rather than by their personal experience and the dictates of common sense, have seriously erred in their treatment of strumous abscess of the ilio-femoral articulation, and been thus directly instrumental in the production of much mischief. In their endeavor to avoid too early an outlet, they have too frequently allowed themselves to wander into the opposite extreme, and neglected to make any opening at all; in other words, in attempting to steer clear of Scylla, they have unwittingly rushed into Charybdis. The proper plan, undoubtedly, is, in all cases where the absorption of the matter is no longer a probable event, to promote its escape by the knife. The artificial opening, however, is not to be made heedlessly, or without due attention to the permanent exclusion of the air, which, although in itself innocuous, often proves pernicious, from its tendency, when brought in contact with the pent-up fluids, to favor decomposition, and, consequently, the development of hectic irritation. These effects may generally be prevented by giving the opening a valvular form, as in evacuating chronic abscesses in other situations, by making a puncture rather than an incision, and by closing the orifice, immediately after the operation, with adhesive strips, supported by a light compress and bandage. If the quantity of matter be unusually large, a portion only should be drawn off at a time, the process being repeated in a few days until the whole is removed; but ordinarily the sac may be emptied advantageously at the first operation.

As soon as the fluid has been evacuated, whether partially or completely, a full opiate should be administered, in order to prevent undue reaction; and, if the joint becomes painful, warm anodyne fomentations should be used, until relief is afforded. Afterwards, with a view of moderating suppuration, the parts are painted regularly once a day with some sorbefacient lotion, a linseed poultice or the warm water dressing being used as the permanent application.

If sinuses form, whether as a result of spontaneous or artificial evacuation, the best plan is not to interfere with them, as the pain

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and loss of blood consequent upon the employment of the knife would more than counterbalance any good effects from the operation. If loose fragments of bone, or pieces of cartilage, present themselves, they should, of course, be promptly extracted.

The violence of the suppurative action having been subdued, the plastic deposits are best dealt with by sorbefacient plasters, applied so as to embrace the whole of the affected surface, and steadily worn for many weeks. Of these plasters, the most useful, for this purpose, is the ammoniac and mercurial, under the influence of which the induration and swelling often disappear with astonishing rapidity. If much pain be present, a suitable quantity of morphia, opium, or cicuta may be incorporated with its ingredients.

During the latter part of this stage, tonics and stimulants are usually indicated, and often imperatively demanded, by the exhausted state of the system. The patient, emaciated and anæmiac, must be supported with quinine and iron, cod-liver oil, a generous diet, and nutritious drinks, as milk-punch, wine-whey, ale, or porter. If night-sweats be present, the most suitable remedy will be the aromatic sulphuric acid, either alone or in union with Huxham's tincture of bark. Diarrhœa and pain must be checked with opiates. The patient's apartment should be frequently ventilated, and the surface of the body should be daily washed with tepid salt-water, followed by dry frictions. Exercise in the open air is now generally of much service, and may often be taken by the little patient himself, seated in a go-car, and propelled gently round the yard, or over a smooth road. Carrying him about in the arms is highly objectionable, on account of its tendency to hurt the joint, by pressing the affected limb. In a word, nothing should be omitted that may tend in the slightest degree to invigorate the system and improve the health.

When the extremity of the thigh-bone is necrosed, or so completely carious as to forbid all hope of recovery by time and ordinary means, the soft parts being riddled with sinuses, and the discharge copious and exhausting, excision of the diseased parts will be demanded, and should, if life be not too far exhausted, be promptly executed, as most likely to rescue the patient from impending death. The object of the undertaking, of course, is to remove all the ulcerated structures, and hence the surgeon, after having exposed the joint, should not limit himself merely to thigh-bone, but perform a similar operation, if necessary, upon the margin and bottom of the acetabulum. The disease being thus arrested, the part and system will be placed in a much better condition for gradual and permanent recovery, provided the shock of the operation is not so severe as to destroy life, either immediately or consecutively. With proper care after

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the excision, it may even be possible to preserve a certain degree of motion between the contiguous bones.

The operation may be conveniently performed by making a curved incision, from five to six inches in length, perpendicularly over the joint, in a line with the great trochanter, separating the parts, and cutting off the diseased structures with the saw or pliers. If more room be required, the incision may be crucial, or in the form of a T or V. The flaps are afterwards approximated with stitches and plasters, and the immobility of the limb is secured by appropriate splints, pads, and bandages, as in fracture of the thigh-bone.

When the patient has been exhausted by protracted suffering, and life is fast ebbing away, it has been proposed, as a *dernier ressort*, to amputate at the hip-joint; and the records of surgery contain several examples in which the operation has been followed by the most gratifying results. Notwithstanding this, however, I should hesitate before undertaking so grave a procedure, the more especially as the same end may generally be more readily attained by the more simple and less dangerous operation of excision.—Dr. Gross, *in N. A. Med.-Chirurg. Review.*

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THE

MEDICAL AND SURGICAL REPORTER.

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ART. I.—*A Severe Case of Hœmoptysis successfully treated with Tincture of Iron.* By ISAAC REMINGTON, M. D., Philadelphia.

J. W. C., aged about thirty-six years, married, of scrofulous habit and consumptive tendencies, having had occasional hemorrhages from the lungs during the past fifteen years of his life, was attacked with Hæmoptysis, on the 3d of March, 1857. On applying for advice, I prescribed tannin, combined with ipecac. and opium, in form of pill, and directed one every two hours, recommending a state of rest and inaction, both of the lungs and body, by carefully abstaining from loud speaking and all bodily exercise. From over exertion in going up and down stairs, and continuing at his occupation of superintending a number of sewing machines, the hemorrhage rapidly increased, so that it became necessary to employ other remedies—to enjoin a state of absolute rest in a recumbent posture—rigidly to enforce a refrigerant regimen, with cooling drinks, potas. nit., v. s., &c.; and with a view to divert action from the affected organs, we directed a warm, stimulating foot bath, with warm applications to the extremities.

Notwithstanding the observance of the above treatment, the returns of hemorrhage, which were of a bright arterial hue, became more frequent, abundant and alarming in their character. The ruptured vessels pouring out their contents into the air passages, would excite irritation and cough by the presence of the effused blood, which of course was expelled with force, causing a recurrence of the hemorrhage at irregular intervals of half an hour or one hour.

Homœopathy was now had recourse to, and after four or five

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days consumed in the unavailing employment of its *non entities*, I was again solicited to take charge of the case (the patient and his friends fully expecting it would terminate fatally,) on condition that there was to be no further interference on the part of friends, and that my prescriptions and advice should be implicitly followed, I reluctantly resumed attendance.

March 10.—Visit 9 o'clock A. M. I ordered *Tr. Ferri Mur.*, gtt. x, every hour in sweetened water, and to suck a raw egg every two hours. At my visit at 6 o'clock P. M., the hemorrhage recurring very profusely, I administered gtt. xl at one dose. No discharge took place till five o'clock next morning, at which time I was called up for advice.

11.—At 12 o'clock M., my friend Dr. Gilbert saw the case with me in consultation. Our patient continued to experience occasional returns of hemorrhage during the day, although the dose of the iron was augmented to xx gtt. every two hours.

12.—Visit 9 o'clock, A. M. Some improvement apparent. Had a return of hemorrhage at 11 A. M. Met Dr. G. at 12. Agreed to continue tinct. ferri mur., suck raw eggs, to give the iron in gum water as a vehicle, to give ice cream, and occasionally ice. At 4 P. M. there was a slight return of hemorrhage.

13.—A slight return of hemorrhage at 4 A. M. Visit in consultation at 12 o'clock M. Agreed to give gtt. xx tr. ferri mur., every hour Visit 5 P. M., continues to improve; visit 10 P. M., no return of hemorrhage, pulse much improved. The longest interruption of the hemorrhage now occurred, affording an encouraging prognosis.

14.—Visit 9 o'clock A. M. A slight return of hæmoptysis at 4 A. M., which is but once in twenty-four hours. Visit 5 P. M.; takes gtt. xxx of the iron every two hours in gum water, takes raw eggs, oysters, ice cream, farina, ice, etc., as diet. Improvement progressive—pulse fuller, slower and stronger, respiration easier and more profound. Patient is able now to lie on his right side, after maintaining a sitting, upright posture for ten days. Bowels moved once in four or five days by enemata.

16.—No return of hemorrhage to report; and from this date forward he continued to convalesce rapidly and perfectly.

19.—Pills of *ferri, ext. quas.* and *rhei* were substituted for tinct. ferri mur.

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March 24th our patient left his bed, and in a few days was able to walk out for the benefit of exercise in the open air.

The amount of blood discharged during this attack of hæmoptysis, lasting about ten days, could not have been estimated at less than one gallon.

So profuse a hemorrhage occurring in a constitution impaired by frequent previous attacks, associated with a strong and well-marked hereditary predisposition to phthisis, and to eventuate in recovery by the use of *Tr. Ferri Mur.*, affords us a high degree of satisfaction; and with the hope that its details might prove not altogether devoid of interest, we submit it for publication.

ART. II.—*A Case of Difficult Labor; the Child Weighing Sixteen Pounds.* By F. S. JAQUETT, M. D., Philadelphia.

I WAS summoned on the 13th of May, 1858, at 6 o'clock A. M., to Mrs. H*****, whom I had been engaged to attend. About two years previously she had been delivered with difficulty, by the forceps, of a very large child. Upon the present occasion I found that she had arrived at the full term of gestation: the pains were strong and tolerably frequent; labor had commenced early on the preceding evening, and the pains, she stated, had been strong all night. After my arrival the pains became weaker and the interval between them longer. By 12 M. the os uteri was fully dilated and the membranes were ruptured: the pains occurred at long intervals, but were weak. The patient now became clamorous for the use of the forceps. As she was a strong, hearty Irish woman, I determined to wait for a while before resorting to them. At about 4 P. M. the pain had almost entirely ceased, the head was at the superior strait of the pelvis, not having made any advance whatever for several hours, and I became convinced of the necessity of using the forceps. I employed Davis's short forceps, which were applied without difficulty, but upon making efforts at traction they slipped. This occurring several times, I laid them aside and sent for Prof. D. Gilbert, who employed a modification of Dr. Bethel's forceps. After considerable difficulty the child was delivered; it was still-born. Being astonished at the size of the

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child, we proceeded to weigh it, and found its weight to be *sixteen pounds.* All attempts at resuscitation proved fruitless. The placenta was very firmly adherent to the fundus of the uterus. This organ was in a state of inertia, its contractile power being apparently exhausted. I introduced my hand into its cavity and peeled off the placenta: there was a great tendency to hemorrhage. Retaining one hand in the uterus, with the other I manipulated the abdomen over the fundus of the uterus, in order to excite contraction. Several doses of ergot were administered, and at last the uterus contracted and the hemorrhage ceased. The patient recovered without any bad symptoms.

ART. III.—*A case of Spasmodic Asthma in a Child Five Years Old.*
By GEO. McC. MILLER, M. D., of Brandywine Village, Del.

ON the 7th of August, at 10 o'clock, P. M., I was called to see S. P., a little girl æt. five years, who, as the messenger said, "could scarcely get her breath." Upon entering the room and glancing at the patient, it struck me that the case was one of pure uncomplicated asthma—an opinion which was fully substantiated by careful inquiry and examination. Distressing dyspnœa, wheezing respiration, anxious physiognomy, restlessness, an urgent desire for fresh air, and all the other characteristic features of the asthmatic paroxysm were distinctly exhibited. According to her mother's testimony, she had been subject to these visitations for several years—in fact from her infancy. Her attacks occurred almost invariably at night, and usually in a sudden manner, although sometimes heralded by croupy symptoms.

I administered to the interesting little patient two doses of vin. ipecac, f℥ij each, with an interval of fifteen minutes. Shortly after taking the second dose she vomited freely, and then breathed more comfortably. I directed fifteen drops of tinct. lobelia to be given her every hour until her difficulty of breathing should entirely disappear. On my second visit, the following day, she was playing and romping in the yard with her companions, and declared herself quite well.

It is noteworthy that the father of this patient was subject to

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asthma, so that she labored under an inherited predisposition to the disease.

The interesting point of this case is the early age at which it occurred. Of course the case is not *unique* in this respect; for such early attacks of asthma are occasionally seen. I report it merely as one of the *rarities* of medical experience.

ART. IV.—*Cholera Infantum.* By N. C. REID, M.D., Philadelphia.

Many years practice and close observation inclines me strongly to the opinion, that the theories, and practice consequent thereon, as promulgated relative to this so-called *disease*, are far from being correct. It is proper that I should here premise that Cholera Infantum and Summer Complaint are in my estimation two separate and distinct conditions of the system.

My deductions are that Cholera Infantum is simply an atonicity of the sympathetic plexus or nervous centres induced by the oppressive influence of a highly negative electrical atmosphere.

Should the atmosphere be oppressively warm, sultry, *calm*, and negate electrically, for an hour or two, hundreds of infants will be seized with this atonicity. Rice water emesis and dejections will follow, and in a few hours, should this atmospheric condition persist (unless relieved,) the patient will have paid the debt of nature. If the exhaustion has produced collapse, should a positive atmospheric condition ensue, the tenacity of life is so great in infancy, that nature may rally, and attempt a restoration, mostly to be followed by cephalic effusion, to protract their suffering.

The treatment pursued by me accords with my theory, viz:

Acidulated ice water, sponging of the surface of the body, diluted brandy a teaspoonful, containing gt. i. vel. ij; of the following—℞. strychniæ, gr. ¼, acidi sulph. aromat. f ℥i. solve.

After every emesis or dejection, as soon as the stomach will bear it, essence of beef in small quantities: the river air, if possible; if not, keep the patient in the open air, rather than the house, and as the mother must be more or less affected by the

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same condition, and her mind agitated and distressed, thus vitiating the lacteal secretions, total prohibition of the breast until convalescence has been established. Seventy-eight cases, (a large number of them among the very poor of the Third Ward) were treated in this manner in my practice during the last summer, and the deaths were but three.

Diarrhœa or Summer Complaint as contra-distinguished from Cholera Infantum.—There exists, particularly among the poor, the very pernicious habit of cramming their suckling infants with what is called "table food." The physician remonstrates in vain. Grannies and mothers are wiser than he, and not only persist, but the mothers must themselves partake of all the unripe fruits and vegetables with which the markets at the season abound, so to ensure as it were at least the suffering, if not the death of their beloved idol. This may appear harsh, but is nevertheless true. Many suckling mothers, if not a large proportion, not only keep bad hours, but suffer their tempers to become rampant, and either recline in excessive lassitude or indulge in excess of exercise. Now each and every one of these habits vitiates or poisons the lacteal secretions, and yet none hesitate an instant should the infant cry, to supply this vicious nutriment. These causes, coupled with the depressing atmospheric condition, together with the irritation of teething, must naturally produce an atonic condition of the stomach, wholly unfitted by nature for the herculean tasks it is daily and hourly called upon to perform. From the debility of the organ thus produced, it becomes distended with undigested aliment and flatus, the assimilating organs refuse to perform their action, fever follows as a matter of course, preceded frequently by, or accompanied with convulsions—a symptom never present in Cholera Infantum.

Nature at this period, attempts a relief, and either a profuse secretion of the mucous membrane or exosmosis ensues; Hypercatharsis and perhaps emesis supervene to rid the stomach and intestines of the incubus which depresses them; but the *ejesta* is not *rice water*, but undigested food, "green slimy mucous" and acrid secretions.

The slightest attention to these preliminaries unerringly point

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to the modus operandi of assisting nature to recover or re-establish a healthy tonic action of the digestive organs.

My general treatment is to clear the primae viae of irritants, say an ipecac emesis followed by—℞. ol. ricini, f℥ij, vel. iij., ol. caryophyllæ gti.; (a smaller dose gripes without producing the desired effect,) and after its action, which is generally two stools, I prefer giving ℞. Magnes. sulph. ℥j., aq. camphor f℥j., tr. opii. gtt. viij., aq. font. q. s. a ut. ft. mist. f℥iv. s. a teaspoonful every two hours.

When the liver refuses to supply its quota, fel. bovin. inspis., gr. ½ ter die will suffice until the torpidity ceases, which may be roused by gtt. i. or ij. acidi sulph. dilut. in vini gallici dil. every two or three hours, (not calomel to increase atonicity.)

Let the aliment be essence of beef, chicken-water or jellies, hematosin dried and compounded with sugar and capsicum: no farinaceous articles of any kind, and total abstinence from the breast, but if these articles should be rejected by the stomach, and milk become necessary, let it be cow's milk, fresh, with a solution of gum arabic or gluten to prevent a too firm coagulum.

If there be no fever and the skin presents a moisture and the stools still have a watery character, I direct a few grs. of gallic acid and pulv. cinnam. vel. caryophyl. to be given after each dejection, until these become of a pasty consistency.

If tormina from flatulency, an enema of ol. tereb. et lac assafœt., the stimulating and sedative effects generally quiet the little sufferer.

When the gums are dry, hot, and swollen, I lance freely and bathe with some soothing lotion, say tr. opii. camph. or Godfrey's cordial applied with the fingers frequently.

Under such treatment if the mother carries out my instructions, I never have a chronic case, but if called to a chronic case, unless the brain exhibited unmistakable signs of congestion or meningitis and strabismus be present, I should pursue the same course of treatment.

In many unpromising cases of tabes mesenterica, I have been gratified with the return of health to my patient that was certainly unlooked for, but even in these cases the variation only consists in exhibiting, after having by the usual treatment relieved the primary condition of the digestive apparatus, and

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persevering in the aliment already described. A powder containing ℞. Hydrg. prot. iod. gr. ¼, doveri pulv. gr. i. vel. ij., acidi, gallici gr. ij., ol. caryoph. gtt. ss, sacch. alb. gr. v. to be taken at bed time, so as to calm and relieve the child for the night, and giving the acidi sulph. dil., vel. arom., with vini. gallici during the day, and depending on these medicaments and hygiene to assist nature in her efforts, have been crowned with success.

Where by injudicious meddling with nature's efforts encephalic symptoms ensue, we must treat them as we find them. If congestion by the exhibition of terebinthine and potassa, revulsents, etc., leeches to the temples or over the petrous bones—particularly on the appearance of *strabismus*, cold douche, &c. If meningitis supervene we must be governed by circumstances. One of the most certain is to re-excite the discharge per anum, and the warm douche every hour to the head will produce a much more happy effect than the cold, for the reason that the rapid evaporation of the caloric succeeding each bath would cool and relieve the head.

ART. V.—*Abstracts prepared expressly for the* REPORTER *from Exchanges received at this office.*

(*a.*) SURGICAL.

1. *Fractures of the Olecranon Process.*—We make the following abstract of an article by Dr. F. H. Hamilton of Buffalo, in the *Peninsular and Independent Med. Jour.* The causes of this fracture are generally falls upon the elbow or blows directly upon the parts. It may be broken at its summit, base, or between these two points; the base is the most common point. When from violent action of the triceps muscle, the fracture is at the summit. Those of the middle are generally transverse, and of the base, oblique, carrying away also a portion of the shaft. The displacement is in the direction of the triceps. The usual signs are crepitus, when the fragments are not separated, a depression between the fragments, partial flexion of the forearm, and inability on the part of the patient to completely straighten it. When obscure, as from swelling, always keep the arm in an extended position. The prognosis should be guarded and unfavorable, as ligamentous union is the most common result. Concerning the treatment, much difference has existed,

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especially in regard to the position of the arm. For certain reasons, detailed at some length, he prefers the extended position; to keep the process in situ, and maintain the arm in extension, the surgeon will prepare, extemporaneously always, for no single pattern will fit two arms, a splint, from a long and sound wooden shingle, or from any piece of thin, light board. This must be long enough to reach from near the wrist joint to within three or four inches of the shoulder, and of a width equal to the widest part of the limb. Its width must be uniform throughout, except that, at a point three inches, or thereabouts, below the top of the olecranon process, there shall be a notch on each side, or a slight narrowing of the splint. One surface of the splint is now to be thickly and carefully padded with hair, or cotton-batting, so as to fit to all the inequalities of the arm, forearm, and elbow, and the whole covered neatly with a piece of cotton cloth, stitched together upon the back of the splint. Thus prepared, it is to be laid upon the palmar surface of the limb, and a roller is to be applied, commencing at the hand and covering the splint, by successive circular turns, until the notch is reached, from which point the roller is to pass upwards and backwards behind the olecranon process and down again to the same point on the opposite side of the splint; after making a second oblique turn above the olecranon, to render it more secure, the roller may begin gradually to descend, each turn being less oblique, and passing through the same notch, until the whole of the back of the elbow joint is covered. This leaves on each side a space, unpressed by either splint or bandage; retaining effectually the piece in situ, but not embarrassing the circulation. The process must be drawn down and a compress of folded linen placed over it, before the bandage is applied When the inflammation has subsided, the bandages should be removed, and flexion and extension made; sustaining the process with the fingers in the meantime, and this practice should be continued daily, and increasing the flexion as circumstances permit.

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2. *Dislocation and Reduction of the Crystalline Lens. The Brit. and For. Medico Chirurg. Rev.* gives from the *Moniteur des Hopitaux* the report of a case by M. Mahieux. The patient was a farmer, aged sixty-five, who, twenty years since, lost his right eye from intense inflammation, &c. Fifteen months since his left eye, without any apparent cause, became affected and vision was not clear, a veil appearing to conceal the upper part of any object. After a year, suddenly a condition of nyctalopia came on, and in certain positions, objects could not be perceived. "On examination, the lower part of the anterior chamber was found occupied by the opaque and quite moveable lens, its upper border rising a little above the centre of the pupil. The tremor of the iris characteristic

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of synchisis was also present. A lens that had remained so long without undergoing diminution in size was not likely to undergo absorption, but although its extraction would not be difficult, it would be a serious operation to risk in a man who had but one eye, and who still saw enough to guide himself about. It was determined, therefore, to attempt the reduction of the lens, or rather its passage into the posterior chamber. The patient was laid on his back, and the Sulphate of Atrophine was dropped several times into the eye, motion being imparted to the lens from time to time, in order to direct the lens towards the centre of the iris. This gradually passed into the posterior chamber, and when the patient stood up, the upper part of the lens was alone perceived in the lower hemisphere. Next day the patient had recovered his vision completely, except that there were some muscæ volitantæ observed. A bright light now pained instead of preventing vision. The report only comes down to a fortnight after the reduction, when the pupil was found to be normal in its action, the iris continuing tremulent."

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3. *Traumatic tetanus treated with Opium.* From a paper read by Dr. C. K. Winston, of Nashville, Tenn., before the State Medical Society at its last annual meeting, we obtain this *resume.*

"Tetanus is a disease of the spinal nerves followed by spasm of the voluntary muscles to which they are distributed."

It may arise from an injury or general causes. In infants it is called trismus nascentium. That species treated of in this paper results from injuries. It does not depend on any peculiarity of the wound, yet more frequently follows laceration. "It may occur during suppuration, but most frequently in the opposite condition, or when the wound has healed, sometimes weeks afterwards." It commences with unpleasant feelings about the neck, a difficulty in turning, or opening the mouth. These continue, and permanent contraction ensues. Gradually, all the voluntary muscles are involved, and in addition, we have regular spasms, with excessive pain, generally from contraction of the diaphragm. These continue and increase in violence, till death, which generally occurs in about ten days. The spasms are excited by touching the surface, as a stream of cold air on the parts, and even the lighting of a fly on the face. In the intervals the patient is easy, and may sleep.

The pulse is natural, the secretions are not disturbed, and all the organic functions are performed regularly. The intellect is unimpaired.

"It seems to me that in the treatment of this disease, the mind of the practitioner is not sufficiently impressed with the importance of directing our remedies steadily to what I conceive to be the point, and the only point in the case." The only diseased

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action to subdue is the irritation of the nerves of the spine. Control this, and the spasms are relieved. Opium is his remedy, and he thinks it has not been fairly tried. Having used, vainly, all the modes of treatment he determined to risk all on opium. He relates three cases in detail.

Case 1. A negro boy, aged eighteen; had been severely whipped, and ran away, laid two nights in a cold barn. When found, he had tetanus; jaws clenched; voluntary muscles permanently contracted; clonic spasms every few minutes; opisthotonos. Washed off his body, and treated with sweet oil. Gave half a grain of sulphate of morphia every hour till the spasms were controlled. These subsided as soon as he was brought under the action of the morphia. When, in six hours, the spasms returned, gave one grain of morphia, and gradually increased to three grains every four or six hours, and daily inunction with the oil for eighteen days, when he recovered. During this time, the bowels acted well, and narcotism did not ensue. The inunction was resorted to, from the idea of the oil lessening the sensibility of the skin.

Case 2. A negro, aged thirty; chancre on penis, and when heated went into the river. Seized that night with tetanus. More violent than the former. Acted as in the other case and in fifteen days he recovered.

Case 3. An infant, aged five days; very violent spasms every few minutes. Gave tr. opii. camph. five drops, increasing five drops every hour. Fifteen drops controlled the spasms. This was repeated every two or four hours, increasing till half a table-spoonful was used by the mouth. Tr. opii. was substituted on the third day, and gradually increased to nine drops by the mouth, or twenty by the rectum. Spasms being shortened by slapping the face and chest with a wet cloth. The spasms subsided on the seventh day, and the child recovered.

In addition, he would in future "apply a paste of the extract of belladonna along the spine, daily, and in obstinate cases, blister the spine and apply morphia or belladonna along its extent."

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4. *Gonorrhœa. Dr. F. F. Gary, of Cokesbury, S. C., in the Oglethorpe Med. and Surg. Jour.*, gives his treatment of this disease, and as the experience of all, is of importance, we cannot do better than to lay it before our readers. He directs, if possible, quiet and repose, avoidance of stimulants, and the use of simple diet, without animal food; keeping the bowels open, bathing the penis in cold water, by wet wrappings, till the burning sensation is abated. With this he orders a tea of uva ursi, ʒvi.; hop. ʒss. Make a pint of tea, of which drink a wineglassful three or four times a day, and with

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each, five grains of Bicarbonate of Soda. When we have relieved the burning sensation, he uses:

℞ —Ol. copaiv,
— cubebæ,
— terebinth, āā f ʒ ij;
Pulv. opii gr. iv;
Magnesia, ss.

Make into sixty pills, take one three times a day, before meals. If he desires a speedy cure, with these he orders an injection, as

℞.—Tr. catechu, f ʒi.
— opii, f ʒi;
Plumbi acet., gr. xij;
Aq. Rosar., f ℥viij.

Or,

℞.—Plumbi acet.,
Zinci.,
Armenian Bole, āā gr. v;
Aq. rosar., f ℥viij.

directing the patient how to use the syringe. He employs the Nitrate of silver when the disease is obstinate or chronic.

Sometimes he substitutes for the above pills, the following:

℞.—Ol. copaiv.,
— cubebæ, āā f ʒi;
Spt. nit. dulc.,
Aqua, āā f ℥iv.

teaspoonful three or four times a day, or,

℞.—Bal. copaiv.,
Aq. camph., āā f ʒiij;
Spt. nit. dulc., f ʒiv;
Tr. canthârid., f ʒij.

Dose, a teaspoonful, and the following injection:

℞.—Arg. nitrat., gr. iv., aq. f ℥i.

For gleet, he directs:

℞.—Ol. copaiv., f ʒv;
Vitell. ovi, no. i;
Pulv. opii., gr. i;
Aq. f ʒvij.

For the chordee, he enjoins a light supper, sleeping on a mattress and the following:

℞.—Pulv. aloe, gr. xx;
— rhei, ℈iij;
Hydrarg. chlorid. mite, gr. ij;
Ant. et pot. tart., gr. i.

Make twenty pills and take one or two at night; or this draught:

℞.—Tr. opii., gtt. xx;
Mist. camph., f ʒiss.

and if not any sleep, repeat in three or four hours. He has found

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bathing in cold water of great benefit, as also the following expedient: "the patient getting on his knees and keeping his head as low as possible, remaining in that position three or four minutes."

As to the disease in females, the same general treatment, with cleanliness and astringent injections.

5. *A new remedy for Syphilis and Gonorrhœa. In the Atlanta Med. and Surg. Jour.* Dr. Wm. Hauser of Spier's Turn-out, Ga., extols the services of the Asclepias Incarnata in the treatment of these diseases. He uses it in the form of tincture.

℞.—Asclep. incar., ℥iv;
Diluted alcohol, ℈ij.

After macerating for fourteen days, it is ready for use. His dose is a tablespoonful three times a day, before each meal, without regard to the shade of the disease. He mentions cases of great success, both of syphilis and gonorrhœa, from the employment of this remedy, which he has been using for several years. We would suggest the propriety of its employment by physicians, keeping a record of the progress of the cure, in order that the profession may know its value in comparison with other articles. Dr. Hauser seems to have unlimited confidence in it, from his experience in its use.

(*b.*) PATHOLOGICAL AND THERAPEUTICAL.

1. *Typhoid Fever.*—Dr. Robt. Campbell of Augusta, Ga., in a letter to the *N. O. Med. News and Hospital Gazette*, gives his views on this disease. The disease is of "long continuance and self-limited induration. That is—start out to deal with it, under the conviction that you *cannot cure it;*" and this will save many. Let it alone, as long as all appears favorable. If it attacks a vital organ, support the general strength; if the brain is congested, apply frequently the cold douche to the head. If the lungs are troubled, have recourse to extensive and repeated dry cuppings to the chest, and "turpentine to give tone to the mucous tissues of the lungs, and prevent or suppress inordinate secretion or exudation." The turpentine also, for the intestines, if affected, and a small blister kept open on the left iliac region.

Care is required that nothing is done to jeopardize the chances of recovery, by the patient or his friends. Observe great care in ventilation, diet, &c. Watch closely for complications, and stimulate early. *Active treatment in the beginning often proves fatal.*

Especially are purgatives detrimental, as this is a disease of the asthenic type, nothing should be done that may further enervate him. No muscular effort, as rising in bed, or for stool. If the alimentary canal requires it, a slight dose of Castor oil is best.

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Dr. Campbell, in this, as in other diseases, has the greatest confidence in turpentine, which our readers will remember from our review of his pamphlet on Dysentery. He says, "I have used this treatment for six or eight years, and whether from its positive advantages, or from the benefit derived from the exclusion of all other medication, there has certainly been the greatest improvement in the success of my practice upon this disease during that period." If there is a tendency to paroxysms, Quinine must be employed. His formula for the use of turpentine is:

℞.—Ol. terebinth., f℥ss;
Sacch. alb.,
Gum acac.,
Sodæ bicarb., āā ℥i;
Spt. lavand. comp., f℥i;
Aq. camph., q. s.
To make f℥viij.

Dose, for an adult, one tablespoonful three times a day.

"To begin with the turpentine early in the attack, seems to lessen the danger to the bowels, and also to the lungs." If much diarrhœa, and this does not check it, he uses Bismuth, thus:

℞.—Bismuthi subnit., ℈iv;
Aquæ, f℥ij.—M.

Shake well at each dose and give one teaspoonful after each passage.

If necessary, he adds from ten to twenty drops of Tinc. opii.

The Lavender prevents *subsultus tendinum*, but if this should appear, add a teaspoonful of tinc. valerian. every three or four hours till relieved. Sometimes, at night, pulv. ipecac. et opii. gr. x, to induce sleep. In the early stage, when the skin is dry and hot, he thinks great benefit is derived from the application of lard to the surface, all over, once or twice a day. Warm water enemata, if bowels are costive. After a time the skin may become alarmingly cool, give brandy with quinine. "Some cases only require port-wine, with which I often combine comp. tinc. of cinchona, three times a day, in doses of from one to two ounces of the former to two to four drachms of the latter for an adult," in proportion to the age. Some require immense quantities of brandy.

The patient does not need much nourishment. Give him light food, as "fresh milk well boiled with rice or arrow-root; grated cracker and hyson tea, &c., and not too much at one time. In the latter stages, nourishing diet is imperatively demanded, and should be very carefully attended to; here, essence of beef, chicken-soup with rice, &c., may be given.

Allow him full use of cold water, but not too much at a draught. Sponge the body if hot. He should be placed in a pleasant part of the house, in a comfortable bed, and care should be had to

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prevent bed-sores. Above all, a well ventilated room is necessary, and not too near the fire if in cold weather.

When convalescent, watch closely the diet and exercise for some time.

[The late Dr. Mitchell's great remedy was the Nitrate of silver in the dose of one-third of a grain three times a day. If the patient remained in a comatose state for some time, he had him driven out in the country carefully, and well guarded against cold. Dr. M. used to relate to his class an instance where one of his students was thus recovered when all expected his death. Having been in a state of stupor for some days, he was put in a carriage and carefully driven out in the country near Philadelphia. When one or two miles out he raised up, and asked to be dressed, and when they arrived at Germantown, he got out, and took a light tea at the house of a friend. From that time his recovery was rapid. EDS. MED. AND SURG. REP.]

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2. *Typhoid Fever.*—In an able paper on this subject in the *Virg. Med. Jour.*, Dr. Robt. S. Powell of Brunswick Co., Va., gives his views of the Etiology, Semeiology, Pathology and treatment of this disease.

It is remarkable from its causes being obscure. It is found in every locality, and under all circumstances, and is the same in every place. There must, then, exist "one cause operating upon all subjects," &c. This is inappreciable, but, in the progress of science, may ere long be discovered. The opinion advanced by some authors, that malaria is hostile to it, and precludes its occurrence, is fallacious.

The symptoms also of this disease vary much. It may be ushered in with restlessness, soreness, stiffness of the limbs, headache, chill, accelerated pulse, coated tongue, impaired appetite, &c. Soon the chilliness ceases, and the fever becomes permanent. Generally there is diarrhœa to a greater or less extent. When it becomes fully formed, all the phenomena of fever are present, as quick pulse, hot and dry skin, no appetite, general weakness. Often general soreness and headache are much complained of. All these symptoms increase for several days. The stomach becomes irritable, the heat of the skin is acrid, pains of a transient nature are felt in the abdomen, increased on pressure, especially in the right iliac region, with a tympanitic state of the bowels, and a gurgling sound on pressure. A cough comes on, with mucous expectoration. These symptoms continue till about the seventh or ninth day, when, if the surface be carefully examined, petechiæ will be observed, first usually on the abdomen, then on the chest, &c. Sudamina will be noticed on the neck and face, and sometimes elsewhere. The headache is now often replaced by delirium or

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stupor; the tongue is protruded with an effort and trembles; an unpleasant odor is exhaled from the body; subsultus tendinum sets in; the patient is very weak, and all the usual phenomena which precede death are noticed. In this disease, we have certain pathological phenomena, which are characteristic. The glands of Peyer are affected; they are swollen and turgid, then ulcerated, then perforations ensue, and though death here seems the inevitable result, recovery has often taken place.

As a general rule sulphate of quinine is recommended by the writer, in small doses, frequently repeated, as the severity of the case may demand, and may be omitted at night, a Dover's powder being given at bed time to procure rest. This treatment must be continued till the seventh or ninth day. After this time he recommends, like Prof. Wood, ol. terebinth. in doses of ten drops every two or four hours according to circumstances. If pain on pressure in the abdomen, blisters may be applied until relief is obtained. Friction to the surface with a stimulating lotion several times a day is beneficial, by driving the blood from the point of inflammatory action, and imparting vitality and thus preventing sloughing. Some recommend cold water to the surface, but this determines the vital fluid to the bowels, and augments the havoc. In the last stages toddy or wine whey may be given to support the system. To prevent bed-sores, use gum-elastic cushions, &c. When the first appearance of the sore is seen, frictions to the part with a stimulant may arrest it, by causing a greater flow of blood to the part, thickening, as a result, the cuticle, and thus giving it increased ability to support the pressure.

3. *Cannabis Indica in Delirium Tremens.*—As this disease is annually on the increase, not only in this country, but all over the world, whether from an increase of the susceptibility of the human race, the larger amount of liquor used, or the adulteration to which it is subjected, we think all the experience recorded on this subject is of importance, therefore, we abstract from the *Oglethorpe Med. and Surg. Jour.*, portions of an article by Dr. John E. Van Molle, of Savannah, Ga. The patient was a man forty-five or fifty years of age, and in the habit of drinking hard occasionally. At this time he had been drinking for a couple of weeks, and was compelled to quit for several days, as his stomach would not tolerate any more. He was weak, with small and frequent pulse, skin cold and covered with sweat; his mind was deranged, with suicidal attempts.

He was given,

℞.—Ext. cannabis indica, gr. xx.

Make in five pills, two to be given at once, and one every hour after. In one hour after the last pill the pulse was improved, less

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frequent and fuller, and tremors were subsiding. The pills were renewed, and in the morning he was much better, but had no sleep, and his mind was still deranged. Finally, he was brought completely under its influence, and exhibited the usual signs of the haschisch. He then fell asleep, and woke up a well man.

We like this case, as it has more of a positive value than the great majority recorded. But one article was used, and we can attribute the good effect to that article alone. Where a physician gives a prescription containing a host of articles, we have no means of judging as to the true value of any one of them. In this instance, Dr. Van Molle gave sixty grains before it produced its specific effect on the brain; and this he believes to be necessary in order that it may completely restore the mind to a sound condition.

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4. *Quinine in Scarlet Fever.*—Dr. E. A. Morrison of Lawrenceville, Brunswick County, Va., has an article in the *Virg. Med. Jour.* in which he highly extols this new method of treatment. He has treated this disease repeatedly in epidemic form, for more than thirty-five years, and thinks he has met with the greatest success from the powers of Quinine. He relates several cases where it had the happiest effects, though the disease presented itself in a very malignant form. He treated about twenty cases in one family, and all recovered but one, to which he was called at the last moment.

When the first symptoms make their appearance, he orders Quinine, regulating the dose, according to the age, and continuing every two or three hours, till under its influence, occasionally giving a few grains of Blue Mass, to gently relieve the bowels, and mopping the throat with a strong solution of the Nitrate of Silver. He, also, when the patient is old enough, directs a gargle of red pepper tea and common salt.

Dr. R. Sims of the same county, has also met with much success from this treatment in the same disease.

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5. *Glycerine.*—Dr. H. T. Cummings of Portland, in the *Maine Med. and Surg. Reporter*, considers this a most valuable therapeutical agent, and especially is it useful as an external application, by preventing the formation of incrustations, keeping the skin moist and cool, &c. In the various cutaneous eruptions, it becomes of much benefit. By the addition of one-fourth to one-sixteenth of it to any poultice, or lotion, it prevents its drying, and soothes the diseased parts; its antiseptic properties also prevent the unpleasant odors of the discharges. It has been employed with success in pityriasis, lepra, psoriasis, lichen, impetigo, and prurigo.

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In certain forms of deafness, it has been used with signal success. When the ears are filled with hard wax, when poured into the canal, it soon softens the wax, and renders it easy of removal. In perforation of the membrana tympani, cotton moistened with it acts well, and does not require to be renewed so frequently, and also ameliorates the irritation of the parts. It becomes also an excellent substitute for the cerumen, when that is wanting. This is but a tithe of its many valuable applications, several of which have already been noticed in this Journal.

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6. *Epilepsy.* From the *Abstract of Med. Sci.*, we glean the following plans of treatment in this disease. Dr. Henepin, in *L'Union Medicale*, advocates the employment of the Lactate of Zinc, though unfortunately his observations have not been on a very extensive scale. Dr. Barnes, in the *Lancet*, recommends the phosphate of zinc, having used it for two years with much success. He uses diluted phosphoric acid as the solvent, and adds tincture of gentian, or columba, or iron, or quinine, according to circumstances. Dr. Radcliffe gives an extended report on the use of the oxide of zinc in this disease in the *same Journal.* They were treated on the plan of M. Henepin quoted above, and he concludes that it offers no particular advantages over any other article in this affection.

[In view of the many forms in which zinc has been given, with much apparent success, why not give zinc in its pure state, and let the system unite any acid it prefers to the metal? Cannot our chemists provide us a preparation similar to the iron by hydrogen, which is so generally acknowledged as of value in certain anæmic affections? EDS. M. & S. REP.]

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7. *Fluid Extracts.*—On this subject Mr. F. Stearns, of the *Peninsular and Independent Med. Jour.*, makes the following remarks. He considers, in view of the objections to other preparations, that fluid extracts are demanded. These should be "a nearly saturated solution of the whole active matter," and in the best menstruum to preserve and extract it, as alcohol diluted, water, ether, sugar, and glycerine. To be "nearly saturated," there should exist in the extract a small per centage of the menstruum in excess, to prevent the deposition or precipitation of any soluble matter. If *fully saturated*, they would be uncertain, from the changes liable to occur in them. All such inert matters as starch, albumen, gum, &c., should be excluded, "cane sugar or glycerine on account of their bland and nutritious qualities, should be employed when practicable, as preservatives and solvents, in place of more exciting or stimulatin g menstru." These extracts would possess, *concentration, convenience, perma-*

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nence, and agreeability. More than seventy articles in the materia medica are eligible for this form of preparation, and these may be combined to form other preparations.

8. *Inhalation of Nitrate of Silver.*—Dr. W. H. Studly of Rochester, Ill., gives in the *Chicago Med. Jour.*, his method of using the Nitrate of Silver by inhalation. He considers instruments as altogether unnecessary, and at the same time dangerous. His plan is as follows: Pulverize the article in a moderately heated wedgewood mortar, to an impalpable powder; then triturate it with sugar of milk in the proper proportion for the required strength, as, Argenti Nitrat., one part; sugar of milk, two parts. He puts this powder in a glass stoppered jar, first having dried it carefully. In the patient's mouth he places a glass or tin tube, one inch in diameter and eight or ten inches long. Shaking the jar, and withdrawing the stopper, the patient plunges the pipe in it, and inhales. The powder passes in and sprinkles the passage thoroughly. He considers from one to three inhalations at a time, and about twice a week, as sufficient. The powder keeps well, only requiring the jar to be heated at each inhalation to drive off any moisture that may have collected.

9. *Sugar as a medicine.*—Drs. F. J. Behrend and Sieter in the *Jour. für. Kinderkrank, and Schmidt's Jahrb.*, recommended sugar as curative agent of much value in diarrhœa and some other infantile affections. One case is related of a child of three years and another of four years, in whom half an ounce of powdered white sugar, every hour, produced much improvement, after other remedies had failed.

We have never been willing to conform to the opinion so long held, that this article was productive of bad effects upon the teeth, &c., though we are not quite prepared to adopt it as a powerful member of the materia medica. We hope these gentlemen will soon give us more details of their treatment and not be too ready to judge on the *post hoc ergo propter hoc* principle. We could relate numerous instances in our own practice, where the most wonderful effects have followed the use of as simple a remedy as this.

(c.) Obstetrical.

1. *Influence of the Placenta on the Development of the Uterus during Pregnancy.*—A somewhat extended article upon this subject was read before the Boston Society for Medical Improvement, December 28th, 1857, by Dr. Wm. Read, and published in the *American Jour. of Med. Sci.*, April, 1858. He considers the theories formerly propounded on the development of the uterus as insufficient

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account for all the phenomena which present themselves. This is, that the uterus commences to enlarge at the fundus; next follows the body, and lastly the neck, and thus it acquires a fusiform shape with the small end in the pelvis. While agreeing in the general plan, he considers the opinions vague as to the rate and mode of this development. The proofs that it expands in one part more than another, as a consequence of a vital cause are doubtful. Facts do not sustain the expansion of the fundus. We find the uterus to vary in shape as the position of the fœtus varies. The fact of the rise of the uterus from the pelvic cavity is not a proof, nor can we depend upon the changes undergone by the neck.

The term for the occurrence of these changes, is by no means fixed, and authors differ very materially in their opinions concerning it. Some maintaining that it occurs altogether during the last fortnight, while others are equally positive that it commences as early as the fifth or sixth month. In fact, on these points, almost every author has his own opinion. Again, the supposed rate of increase of the placenta, is entirely unreliable, as the difference in opinion concerning its growth is equally great. Facts also prove, that there is no agreement between the weight of the child and that of the placenta, which should necessarily be the case, if there was a parallel growth. Now if these views were sustained by better evidence, do they at all account for the manifestations in placenta prævia? Many cases are in every way antagonistic to the principles as laid down by Cazeaux and others by which to account for these phenomena. Thus we have cases of complete presentation of the placenta, without any hemorrhage previous to the termination of the pregnancy. Levret, in *L'Art des Accouch.*, speaks particularly of this. His theory is, that where no hemorrhage takes place, the placenta is rooted very low down near the os, and when we have hemorrhage it is placed over the os, but high up in the neck. Hence, when the expansion of the neck commences, it must, in the latter case, detach more or less completely, the adherent placenta, &c. He himself, however, shows that this cannot be the way to account for the difficulty, nor does he, in his subsequent reasonings, succeed in making it any more clear. The exceptional cases are too many, and this objection applies with equal power to the theories advanced by Cazeaux, Moreau, and Jacquemier. Finally, "having thus shown that exceptions to a general rule of hemorrhage in the last months of placenta prævia not only do occur, but are so numerous and so entirely at variance with the principle upon which that rule is founded as to be altogether inexplicable, according to any legitimate interpretation of its meaning, we come next to the question, what shall be substituted in its stead?" He offers the following substitute:—

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"The attachment of the placenta to any portion of the uterus, causes a development at that place, which proceeds pari passu, till the limits of growth in the placenta having been reached, the enlargement is continued and kept up by the pressure constantly exerted on the uterine walls by the growing contents, till the time of parturition. That is to say, at whatever point the radicles of the placenta first attach themselves after the issue of the ovum from the Fallopian tubes, at that point the development of the uterus commences, and takes shape according to the position of the contained fœtus." He believes this to be in accordance with the inferences to be drawn from known data, and also with physiological laws, and that exceptional cases can be clearly explained. No proof is needed that the placenta causes a development at the point of attachments. He considers also, that the uterine parietes expand under the constant pressure of the growing ovum.

In regard to the exceptional cases, "the more complete the placental presentation, the earlier and more profuse ought to be the hemorrhage." But it is often the reverse. But if we consider, that the development commences at the point of attachment of the placenta, thus, at the lowest portion of the cervix, and grows with this organ, we immediately lose sight of the difficulty. "For, by the time that the placenta having passed the period of its most rapid growth, the fœtal mass has already began to exert its effect upon the uterine walls to enlarge them, the added strength which the thick, firm disk of the placenta gives to the cervical portion to resist this distension, is enough to prevent its being felt in that direction. And moreover, the general shape of the uterus being finally determined by the position of the child irrespective of the placental attachment, its form at the end of gestation would be the same, other things being equal, and would be scarcely modified by this complication. It applies also to partial presentations of the placenta of every degree, from that in which the os is almost entirely covered, to that in which the edge only of the placenta is at its margin. For, just in proportion to the amount of the neck of the uterus covered by the placenta, is it protected from the distending process to which it is exposed during the later periods of pregnancy, and in just such proportion will the hemorrhage appear late or early, which is in accordance with observed facts."

This reasoning also accounts for those cases, where the placenta is on the cervix near the os, but not overlapping it, and in which we have no hemorrhage, though necessary according to the existing theory. "For, if it be objected that the distending process being exerted upon the cervical portions, it would at the same time act upon the os uteri, to open it; it may be answered that the same property which enables the os to keep closed during

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the changes which take place in the cervical portion in normal gestation, would preserve it entire in this."

He believes this theory will satisfactorily explain every phenomena of placenta praevia, and "while it does not militate in principle with acknowledged physiological laws, it so applies them as to leave fewer exceptional cases, and those cases not different in character from what are constantly occurring in normal pregnancies."

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2. *Pepsine in the Obstinate Vomiting of Pregnancy.*—The *B. & F. Med. Chir. Rev.* copies from the *Bulletin Gen. de Thérapeutique*, an article by Dr. L. Gros, in which he relates the remarkable effects of pepsine in these vomitings. In several cases, every method of treatment had failed, and he even thought of abortion as the only chance for the woman's life. He gave about one scruple in two doses, to be taken daily, in broth. This being retained from the first, it was continued, and gradually more powerful nourishment was given. At the end of three weeks the cure was complete, and from that time all went on well. This was a sample of all his cases. He explains it "by supposing that, although in the first instance the vomiting is due only to the sympathy existing between the uterus and the stomach, yet subsequently the stomach itself becomes affected, as is proved by the fact that in the beginning of pregnancy the vomiting occurs only in the morning or evening; but in aggravated cases it supervenes after every meal, and all alimentary matters are rejected. In such cases, therefore, when the stomach has taken on a morbid habit, and exhibits an alteration of secretion, the pepsine appears to be really indicated; although in a merely sympathetic action of the uterus and stomach it would be difficult to explain the efficacy of its action." While on the subject, we might say that M. Berthe, in the *Bulletin Gen. de Thérapeutique*, recommends the administration of this article in the form of a lozenge, prepared as follows: "A firm paste is made in the usual way, with mucilage of gum Arabic, and aromatized with a few drops of essence of lemon. When the mass is perfectly homogeneous, four grains of amylaceous pepsine are added for each lozenge; the mass is then divided in the ordinary manner, and the lozenges placed in a stove heated to from 77° to 86° F." It has been recommended in other forms, but we think this will prove as pleasant and convenient a method as can well be devised.

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3. *Belladonna as a means of arresting the Lacteal Secretion.*—In the *Boston Med. & Surg. Jour.*, Dr. J. O. Harris, of Ottawa, Illinois, and Dr. E. Seyffarth, of Keokuk, Iowa, record their success with this remedy. Dr. S. used flannel compresses moistened with a

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solution of the extract of belladonna, in two cases, and in both the secretion was arrested by about the ninth day. In another case, he employed a strong effusion of the fresh leaves, and the breasts ceased to secrete by the second day. Dr. H. and a neighboring physician used an ointment of equal parts of extract of belladonna and lard, three times a day, on the areolæ, around the nipples; the pain ceased in a day or two, and the secretion with it.

These latter look more like the result of the remedy; for, as Dr. S. remarks, his cases might have ceased spontaneously without the application. It was mentioned by Mr. Gibbon, in the Lancet. More instances than these will be necessary in order to establish its value, and we hope our friends throughout the country will not be backward in sending in their evidence, whether in favor or against.

(*d*) PHYSIOLOGICAL.

1. *Milk—Its Composition and Changes.*—The following we obtain from the *Amer. Med. Monthly*, and was chiefly drawn from the two treatises DU LAIT EN GENERAL. *Par M. Bouchardet et Th. A. Quevenne, Paris, &c.*, and DU LAIT. *Thèse Soutenir le* 23 *Dêcembre* 1856, *par le Dr. P. O. Reveil, &c.*—Milk is composed of three substances, serum, holding in solution lactine, casein, salts, &c: Casein suspended in the serum in a granular form: Butter, in the form of globules. *Skim-milk* has been deprived of much of its fatty matter, though with nearly all its cheese, butter, &c., remaining, so that it is nearly as nutritious as new milk, but less adapted to develope fat and maintain the heat of the body, &c. *Butter-milk* has less fatty matter than skim-milk, and *cream* consists of the fatty matter combined with casein and lactine. The milk globules are formed of fatty matter, and vary in size. They have been considered by some as enveloped in a caseous membrane; by others, as butter swimming in a liquid-like oil in an emulsion. Bouchardet and Quevenne hold the latter view, and show that there are no enveloping membranes; and churning, which was supposed to be a rupture of the membrane, "is only an illustration of the fact that solid fatty bodies will agglomerate when floating in a liquid, should violent agitation be employed." Quevenne proves the want of a membrane as follows: "If milk be exposed sufficiently long on a stove, the butter will unite in the form of oily drops on the surface of the liquid; if fresh cream be placed on plaster newly mixed, so as to ensure the absorption of the little serum left, it is only necessary to knead the remaining mass into a little water to remove the casein and to make the fat globules agglomerate in the form of butter. When milk is acted on by ammonia, which dissolves the casein that is suspended, and should also dissolve the enveloping membranes, the fat globules are not changed under the microscope."

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The number of substances which make up the milk are numerous; thus, butter is formed of oleine, butyrine, caproine, capuyline, caprine, myristicine, palmitine, stearine, butine, lecithine. What has been formerly considered as casein, is albuminoid matter; casein in suspension and solution, albuminose. Then we have lactine, phosphates of lime, magnesia, potassa, iron, manganese, and soda; chlorides of sodium and potassium; soda combined with casein, or an organic acid; salts with a potassa base and an ammonia base; silicates, fluorides, sulphur, iodine, urea. Butter is the aggregate of the fatty matters, and it differs in various animals, and in them according to food and season. Lecithine found in butter, supplies, probably, the matter for the brain. In the mornings, milk is denser, and not so rich in cream as in the evenings; and we even find a difference between that first drawn and the last, at the same milking. Food affects to a certain extent the milk, as garlic gives it its characteristic odor. Mercury has been detected in the milk, when given to animals in therapeutic doses; and thus children in syphilis may be affected. Some interesting instances are given, with a careful analysis, to show the effect of food on the milk in human beings. The *colostrum* is that which is secreted during the first few days after parturition. It is richer than the after milk, and is well adapted to the wants of the infant.

"An important question connected with the changes which the colostrum undergoes in becoming true normal milk, is at what age it can be considered as fitted for alimentation."

Bouchardet depends on nature as showing the best time for milk to be taken by infants or invalids. Thus, in debility of the digestive organs, we should employ milk from an animal that had recently been delivered; in other cases it should be taken later. Cows' milk should not be used as food until three or four weeks after calving; and even then it is not as unctuous as at the age of six or eight months. The effect of grain from the brewers, and still-slop, is undoubtedly injurious to a great degree. It loses much of its beneficial matters, though it is not certain that it gains anything of a hurtful tendency. It has not the proper amount of solid constituents.

Very slight moral causes will affect this secretion, and cause it even to act with a hurtful effect upon children.

A question of importance, is on the preservation of milk for a long time. Several plans have been proposed at various times. In America, we have that of Blatchford, of New York, in which he mixes sugar and milk, in the proportion of one to five, and by heat drives off the water. This solid mass may be preserved for years without any change. The other is that of Gail Borden, Jr., and consists in evaporating it in a vacuum, without the addition of anything till consolidation is produced. This seems best, as

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the sugar is to some an objection. By this method we may have our milk pure, and feel no suspicion of its having been adulterated in any form; and we may preserve it for an indefinite length of time.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

Art. VI.—*Transactions of Medical Societies.*

1. Transactions of the State Medical Society of New York, 1858. Pp. 648. (Published by the Legislature). Two copies received.
2. Proceedings of the Sixty-sixth Annual Convention of the Connecticut Medical Society. Pp. 120.
3. Transactions of the Twenty-sixth Annual meeting of the Tennessee State Medical Society. Pp. 43.

The Transactions of the New York State Medical Society for this year form a large volume, and comprise a number of valuable papers.

The Annual Address delivered by the President, Dr. Augustus Willard, upon "Air, Exercise, and Sunlight," is a valuable article, thoroughly examining into their influence upon the health of individuals and communities.

Next we have a Biographical Sketch of the late Dr. S. Ely, of Clarksville, Otsego co., N. Y., by Dr. J. S. Sprague, of Cooperstown, Otsego co., N. Y.

A similar sketch of Dr. T. Spencer, by Dr. S. D. Willard, of Albany; and a sketch of Dr. Henry Reynolds, with a portrait, by Dr. R. L. Allen, of Saratoga.

Then followed a valuable paper on *Anæsthesia*, by Dr. P. Van Buren, of New York. He treats on the Chemical History, &c., of Chloroform, of Cold as an Anæsthetic, Amylene, &c. From this paper we hope to prepare a valuable abstract for a future number.

Dr. C. B. Coventry, of Oneida co., read a paper on *Cerebro-Spinal* Meningitis, by Dr. D. G. Thomas, of Utica; and a similar one was presented by Dr. J. V. Kendall, of Clay, Onondaga co. Both of these are valuable, and contain much information for the reader.

Dr. B. Fordyce Barker, of New York, read the report of the Com-

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mittee on Voluntary Communication, on the "Comparative Use of Ergot and Forceps in Labor."

Dr. H. S. West, of Binghampton, reported a "Case of Ovariotomy."

Dr. W. Potter, of Hallsville, read a paper on "Puerperal Fever." He is a non-believer in contagion, and looks upon it as an *internal erysipelas.* His views at length we shall ere long present in another department.

Drs. Van Dyke and Murdock, of Oswego, reported a "Case of Fracture of the Cervical Vertebræ," with death in twenty days.

Dr. A. Van Dyke, of Oswego, presented a valuable collection of "Statistics of Obstetric Practice, for about four years."

The Secretary communicated from Dr. T. H. Squire, a paper on "Congestive Fever," &c., in which he reports a number of cases at length, thus giving us what is so much needed, the experience of each member of the profession; and the only way by which advances and improvements can be made in the profession.

Next we have "Osseous Union of Intracapsular Fracture of the Neck of the Femur," by Dr. Alden March, of Albany. To this is attached a well-executed engraving of some of the specimens. The same gentleman also further enriches the Transactions by an "Interesting Case of Urinary Calculi," accompanied by a plate of different varieties of the calculi.

Dr. S. J. Goodrich presented a report of the "Mortality in Brooklyn."

Dr. F. B. Hough communicated a paper on the "Registration of Births, Marriages, and Deaths."

Dr. C. V. Barnett, of Windham Centre, Green co., presented a paper on "Poisoning by Arsenic from Absorption," relating sundry cases, amounting to twenty-one, that have fallen under his charge. They had resulted from the practice of a "cancer doctor," and form a matter of much interest, to be examined and presented to our readers in a more detailed form ere long.

Dr. W. H. Gardiner, of Whitesboro, mentions a "Case of Accidental Nigrities," in a female aetat. sixteen. This would form a capital subject for some of our ethnological inquirers. She was the child of an English father and an American mother. Never been troubled much with sickness, or taken medicine of any account, until when from home she was taken ill, and returned

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much exhausted, as if worn out by nursing. Her complexion rapidly darkened, her hair became black and coarse, from a fine brown, and she presented the appearance of a person covered with lamp-black. No medicine seemed to relieve this, nor was any disease detected on a close examination. She soon afterwards died, rather suddenly, and no autopsy was allowed.

The Annual Address of Dr. Samuel H. Freeman, President of the Albany County Medical Society, was communicated. Subject, "Human Longevity."

Dr. Thomas C. Brinsmade, of Troy, the Vice-President, made his address on the "Registration of Diseases," with tables for twenty-one years, a general summary of fatal cases, &c., from 1837 to 1847, and a summary of diseases from 1837 to 1857 (twenty-one years), &c.; the whole forming an amount of invaluable statistical information.

The Medical Society of Kings County presented through Dr. John Ball, of Brooklyn, a paper entitled "Of the Statutes of the State of New York regulating the practice of Physic and Surgery; the rights, duties, and immunities of Physicians; and their relation to the Medical Societies of the counties in which they reside."

Dr. Reed B. Bontecou, of Troy, presented "A case of enormous diffused Traumatic Aneurism of the Axilla, from sub-cutaneous rupture of the artery; ligature of the subclavian; repeated secondary hemorrhages from the wound till the forty-first day after the operation; subsequent suppuration of the aneurismal tumor, and hemorrhage from it; recovery, &c.," accompanied with an engraving of the patient's appearance before and after the operation.

Dr. J. Marion Lewis, of New York, presented a short paper, with a plate, on the Uterine Elevator; Dr. James H. Armsby, of Albany, two plates of an instrument for the radical cure of Inguinal Hernia, and a short description appended.

We have also a complete report of the business of each day's session, lists of all the delegates, honorary members, &c., &c. We hope, at various times, to produce from this interesting volume, much important matter in the way of abstracts, as from our above enumeration it may be seen to abound in communications replete with interest.

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The Connecticut Medical Society held its sixty-sixth annual convention at Waterbury, on the 26th and 27th of May last, Dr. B. H. Catlin, of West Meriden, the President, in the chair. The volume of Transactions for this year contains one hundred and twenty pages, and is well filled with unusually interesting matter.

We have taken occasion heretofore to commend the style of getting up of the Transactions of this society. There is not in this country a medical society whose Transactions are so methodically arranged, and which is really worth so much to its members. Let secretaries of other State medical societies procure a copy of these Transactions, and profit by it.

The President, Dr. Catlin, is evidently an earnest and efficient promoter of any scheme calculated to benefit the profession of his choice. He forcibly advocates the plan proposed by the American Medical Association, of physicians keeping a record of the cases they attend in medical and surgical practice, reporting them in a tabular form to the county society, and through that to the State society, and finally to the American Medical Association. We trust that the profession will adopt a plan fraught with so much good to the public.

Dr. Catlin refers to the fact that our profession suffers greatly for the want of well-qualified and efficient nurses, and recommends that physicians do something towards correcting the evil by encouraging proper persons to assume the office, and giving them instruction. There is in this city an institution—"The Nurse's Home"—which is intended to meet this want; and we hope that steps will be taken to train nurses in all parts of our country. Every physician knows the value of an intelligent nurse, one who knows how to carry out the views of the physician, and who will do it. As Dr. Catlin suggests, many of our nurses are officious and meddling—some are apostles of homœopathy, some are "root and yerb" doctors in petticoats; and such nurses will not hesitate to question the judgment of the physician, or even to act contrary to his suggestions, denouncing his mode of practice, and recommending a "doctor" of their own faith. We learn, with pleasure, from this address, that efforts are being made in Connecticut for the establishment of an institution for the improvement of the imbecile and idiotic.

These preliminary matters disposed of, Dr. Catlin enters upon

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the subject of his address, viz: *The Claims of the Regular Medical Profession upon the Confidence of the Community;* and he handles his subject with much ability and skill. This address is worthy of being printed for separate circulation among non-professional readers. We quote the closing paragraph:

Medical Millenium. Let us for a moment look forward to that medical millenium which we shall never behold, but may be allowed to anticipate, when the science of medicine shall be perfected; those principles now uncertain be fully elucidated and established; when every practitioner shall be thoroughly and perfectly educated for his profession, and withal be a benevolent, upright, conscientious man, having such full confidence in those to whose wants he ministers, that he will have no anxiety for his own temporal wants, but be able to give the whole energies of mind and body to the investigation and removal of disease and suffering; when the most delicate and refined female shall be able to find a physician in whom she can place such implicit confidence as to impart to him the first indication of disease, and thus avoid years of suffering; when every woman who now wisely selects a machinist to regulate her sewing machine, or a practical musician to tune her piano, shall act as discreetly in the selection of one to regulate that delicate mechanism which sends a glow of health and beauty through her frame, or those ten thousand nervous filaments, which, when in tune, send thrills of joy and pleasure through her system; when every manufacturer shall select his physician as wisely as he does his machinist; every lawyer, who in his profession examines evidence so closely and estimates it so exactly, shall examine science before he rejects it; every minister of the gospel shall hate nostrums as he does Pantheism, — avoid infinitesimals as he would transcendentalism,—believing there is science in medicine as well as theology; when all persons, in every department of life, shall fully and perfectly understand the laws of hygiene, and be willing to follow them, thus preventing a vast amount of unnecessary disease, so that what is suffered may be justly and truly termed a dispensation of Providence; when the whole community shall unite with the wisest and best physicians in arresting disease in its incipient state, curing what in this approaching, enlightened age, shall be curable, greatly alleviating and palliating what is incurable. "Blessed are they who see the day of glory, but more blessed are they who contribute to its approach.—SECKER."

Next follow Reports of Committees, viz: "Report of the Annual Examination of Candidates for the Degree of Doctor of Medicine,

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at Yale College, for 1858;" "Report of Committee for devising plan for more suitable accommodations for Insane Convicts, etc.;" "Report of Committee on Registration of Births, Marriages, and Deaths;" "Report of Committee of Publication;" and a Sanitary Report from Hartford county.

Dr. C. A. Lindsley, of New Haven, contributes an excellent essay on *Puerperal Convulsions.* He introduces the subject by adverting to the fact that nearly all the prominent writers on obstetrics agree in recommending immediate and copious blood-letting in puerperal convulsions, under all circumstances, while there is the greatest imaginable confusion among them as to the etiology or pathology of the disease. He then goes on to discuss the subject in the light presented by the late Marshall Hall, to whose researches medical science is so much indebted in relation to the physiology and pathology of the nervous—particularly of the spinal system. His experiments would seem to demonstrate that lesions of the encephalon produce paralysis *only*, whilst lesions of the medulla oblongata or spinalis induce convulsion or paralysis, according to their severity. Hence it follows that the seat of convulsion of every form *must be in the spinal column.* Dr. Hall is supported in this opinion by the experiments of Magendie, Schops, Flourens, Hertwig, and others. Dr. Hall then locates this disease in the *spinal column*, while the principal writers on obstetrics have hitherto, as Dr. Lindsley remarks, agreed, so far as they agree at all, in locating the disease in the cerebral system, the brain. Dr. Lindsley argues that if cerebral congestion is the cause of the convulsions, we ought to have them when the congestion is the greatest, viz: "in the second stage of labor, when the violent contraction of the uterus expels the blood from its parieties into the rest of the system; when the powerful exertion of the voluntary muscles pours out a still larger quantity of blood into the arteries and veins, when the head of the fœtus in the vagina has excited the reflex action of the expiratory muscles, causing with every pain partial or entire closure of the glottis, interfering with the proper oxygenation of the blood in the lungs, obstructing its return from the head, and often distending the veins of the head and neck until partial asphyxia occurs." But instead of convulsions occurring uniformly at this period, the patient is often seized before labor is begun, or during the first stage, or, again, after

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labor is concluded. The post mortem appearances of congestion of, and effusion on the brain, are no evidence that the convulsions were caused by such congestion or effusion, as congestion of the brain is precisely what might be anticipated as an effect of the fit. It is probable, therefore, that both the engorgement and the effusion are in most cases results—consequences of the disease, and not the cause.

Our essayist, however, does not wish to be understood as saying that congestion and effusion are never the cause of convulsions; on the contrary, he believes that they sometimes are the cause. He illustrates his idea by supposing two instances:

"If, during the fierce exertions of the propulsive stage of labor, rupture of a blood-vessel occurs, *producing by the effusion counter pressure upon the medulla oblongata*, and as a consequence, convulsions, the cause must, undoubtedly, be ascribed to the effusion. But, if the patient is thrown into convulsion by irritation of the os uteri, and during the fit, rupture of the blood-vessel occurs with effusion into the brain, although after death precisely the same amount of coagula is found, and even in the same locality, the diagnosis of the two cases is vastly different. In the first case the coagula must be considered the cause, in the second, only the effect, of the disease."

Dr. Lindsley introduces the following case from his note-book as illustrating some of the above remarks:

A case of protracted and tedious labor with extensive lesion of the brain without convulsions, ending in paralysis and death. August 12th, 1855, I was called early in the morning to see Mrs. S., forty years of age, about to be confined with her tenth child. Her travail was tedious during the day, but in the evening the pains became more energetic, and about nine o'clock P. M. she was delivered of a healthy child, attended with considerable though not excessive hemorrhage. Nothing unusual occurred for more than a week, excepting a headache, which she said she had suffered during the last twelve months. As she said that her former attendants had told her it was neuralgic, and as it was not unusually severe, I did not investigate it or prescribe especially for it. Her lochia continued about ten days in normal quantity and color. Her milk began to be secreted on the third day, but not so abundant as usual, and gradually diminished. On the 22d, ten days after confinement, her family congratulated themselves on her improvement because she slept quietly and did not complain of headache; but in the evening they became alarmed, because they discovered she could talk only with difficulty, and

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that her right arm was partially paralyzed. I was immediately called, and found her with almost complete facial palsy upon the right side, and scarcely able to raise the right hand to her face; her leg was not as yet affected. Her speech was imperfect, but her mind was clear. These symptoms increased, attended with slight convulsive action gradually growing more violent, until the next day between eleven and twelve o'clock, when she died.

Post. Mort., twenty-four hours after death, thorax and abdomen entirely normal. Calvaria was very thick; on removing it found considerable serum; blood-vessels all filled with blood. Upon laying open the cerebrum upon the left side, found a coagulum of blood near the centre as large as a goose egg. The structure of the brain was softened all about it for more than half an inch. There was evidence that the coagulum had existed a considerable length of time; in all probability had been there prior to her confinement. It is rare indeed that we meet with an instance in which a protracted and tedious labor is combined with such extensive lesion of the brain,—neither condition appearing to have any relation to the other. It is very instructive, too, illustrating fully the fact that so long as the disease is confined to the brain, convulsion can not be a consequence, even though attended by the exciting cause of severe labor. It is of interest, too, in regard to the teachings of the old authors. According to them, here was every condition fulfilled requisite for the development of puerperal convulsions. But instead, she suffered a severe and protracted labor without any symptoms of them. On the contrary, the first indication of disease of the nervous system was paralysis, the legitimate effect of disease of the brain. And not until the increase of the cranial contents produced counter pressure upon the upper portion of the intervertebral system did convulsions occur.

It would be interesting to follow out this discussion, but we have already drawn largely from this excellent paper, and proceed now to glance briefly at the treatment proposed.

First, as to blood-letting. Blood-letting is in the great majority of cases most urgently indicated, not only to relieve the blood-vessels of the brain, which would seem to be the chief reason urged by the authors quoted, but also and especially because of its sedative action on the spinal system, which is the true seat of puerperal convulsion. I say the majority of cases, because there is almost always great vascular fullness, a plethoric condition of the system, and it is in this condition that blood-letting is the most positive and decided sedative of spinal action that we possess. And this is a point which should be most distinctly understood, that blood-letting acts in two ways, one curative in

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its effects on the spinal column, the other preservative in relation to the brain.

In fullness of the vascular system, then, blood-letting beside diminishing the impressibility of the *central* organ by rendering it less susceptible to incident irritation, relieves also the surcharged condition of the cerebral vessels, obviates partially the immense pressure to which those vessels are subjected during the fits, diminishes the danger of rupture and effusion, and removes the counter pressure upon the medulla oblongata. It is because of these prompt and marked effects that the remedy has been so uniformly recommended and practiced in all cases. But while it is often a sufficient remedy for simple convulsions, depending on a turgid state of the circulation, great discrimination and careful judgment are requisite, not only in limiting it within safe bounds, and in detecting indications for other treatment, but also for determining whether in some cases it will not be injurious instead of curative. If blood-letting is indicated for the reasons which have been mentioned, it is perfectly evident that it is contra-indicated, and would prove extremely dangerous, in cases where those reasons do not exist; that is, in delicate anæmic women, copious depletion would be an additional cause of convulsion, because, as has been shown, deficiency of blood is an irritant of spinal action. It is, however, too much the fact that the constant teaching of the books, combined with the absence of positive knowledge of the true seat and etiology of the disease, has led to the blind and indiscriminate routine of bleeding every poor patient perchance to,—I had almost said to death,—or perchance to life, as chance alone decides, the chief guide of practice being the continuation or cessation of the fits.

* * * * * *

Bleed is the rule, absolute and imperative,—bleed,—bleed,—no matter what the condition of the patient. No effort is directed to discover any cause of spinal irritation, which should be removed; the patient has fits; therefore bleed her. No matter if the stomach is loaded with indigestible food, or the bowels with hardened faces. No matter if the bladder is distended to bursting. No matter what the state of the uterus, or what the condition of the vascular system, the rule is still arbitrary,—bleed boldly and fearlessly. Now this is rank and rash empiricism, and in the present state of physiological knowledge, inexcusable. And yet there can be no doubt that many practitioners, influenced by the teachings of the books, have carried depletion to a fatal excess, and even practiced it when it ought to have been altogether avoided. It cannot be questioned that if carried beyond proper limits, blood-letting is itself a cause of convulsions. Dr. Marshall Hall says, convulsion from loss of blood

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constitutes one species of puerperal convulsion, and should be accurately distinguished from other forms of this affection, arising from intestinal or uterine irritation, and an immediate disease of the head. (On Blood-letting, p. 17.)

It would appear, then, that after the circulation is reduced, either by proper depletion or from other causes, to somewhat below par, blood-letting acts no longer as a sedative, but becomes itself a most certain irritant of the spinal system. The *continuance* of convulsions, therefore, is not a reliable indication for further bleeding; but the state of the circulation in the interval of the fits, is the only proper criterion, regard being had to the different effects of an engorged and an empty state of the spinal vessels.

So simple a means as causing the dilatation of the glottis by sprinkling cold water in the face, takes off a great amount of vascular pressure from the nervous centres. Every time the glottis is unclosed, the amount of venous blood in the system is lessened. The application of cold by means of a steady stream of water, or the douche to the head, or a steady stream to the spine, acts as a sedative to the nervous centres. Opium must be used with caution. In convulsions with a full state of the circulation, opium is a *stimulant* of the spinal marrow, and therefore contra indicated; while in convulsions with anæmia it is distinctly *sedative*, and may always be used beneficially.

The next point in the treatment, is the removal of what Dr. Hall calls the *eccentric* causes of the disease, namely, local causes of irritation in organs at a distance from the nervous centres—such as the stomach, the rectum, the bladder, the uterus, and the vagina.

We have occupied so much space with this *questio vexata* of the profession, that we shall be compelled to economize room in our notice of the remaining articles,

Dr. Charles L. Ives, of New Haven, furnishes an essay, being a *Sketch of Human Embryology*, illustrated by diagrams, and intended not so much to present any original views as to give a simple, concise, and intelligible account of the more prominent points of human embryology, which require, for their comprehension, a patient study of details in the larger physiological works. The essay is well illustrated, and gives a comprehensive and clear resumé of the subject of which it treats.

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Dr. L. S. Paddock, of Norwich, contributes an excellent and well-digested paper on the treatment of the *Surgical Diseases of the Rectum*, omitting, however, any mention of the operation for the removal of hemorrhoids by the use of the écraseur.

The volume closes with biographical sketches of deceased members—a very commendable feature in the Transactions of this medical society.

The officers elected for the year were ASHBEL WOODWARD, President; J. G. BECKWITH, Vice-President; G. O. SUMNER, Treasurer; and P. M. HASTINGS, Secretary. To the latter gentleman we are indebted for a copy of the Transactions.

The *Tennessee State Medical Society* held its twenty-ninth annual meeting in Nashville, on the 6th, 7th, and 8th of April last. The President and Vice-President both being absent, Dr. J. W. Richardson was appointed President *pro tem.* The attendance of members seems to have been very small, and confined almost wholly to the profession of Nashville. We should judge from the minutes that some of the debates, especially that on the treatment of syphilis, were quite exciting. We trust they were as profitable as exciting.

Dr. T. L. Maddin read a theoretical essay before the society, on the manner in which death is caused by chloroform.

Dr. Eve gives the report of a case in which a set of three teeth, on a gold suction plate, were swallowed during sleep. The teeth were the two central and the right lateral incisors, the plate measuring one inch and a half in one diameter, and one inch and three tenths in the other. They lodged in the upper portion of the œsophagus, and after the failure of repeated efforts to remove them by mechanical means, they were finally dislodged by an emetic. On the fifth day, consequent on exposure to cold, inflammation supervened, and the patient died.

Dr. L. M. Woodson, of Sumner co., contributes an interesting case of *Disease of the Cerebro-Spinal Centres, characterized by constant Hiccough, followed by death;* and Dr. W. Moore, of Linwood, one on *Obstetric Medicine;* but we shall be obliged to defer any further notice of them to a future occasion. Dr. Winston's paper on the treatment of traumatic tetanus with opium, has already been noticed in a former number of the REPORTER.

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ART. VII.—*Of Nature and Art in the Cure of Disease.* By SIR JOHN FORBES, M. D., D. C. L. (Oxon), F. R. S., Physician to the Queen's household, etc., etc. From the Second London Edition. Pp. 261. New York: Sam'l S. & Wm. Wood, 389 Broadway. *Price* $1 00 *free of postage.*

Time was when Sir John Forbes would have received the major curse of the profession for publishing such a work as the one before us. Medical men of early times, taking their cue from the priest and oracular practitioners of still earlier ages, had been so accustomed to regard the practice of medicine as a *divine* art, and had instilled their own belief into the minds of the common people so successfully, that the enunciation of such doctrines as are contained in this little work would have been regarded as heretical in the extreme; they would consequently have been rejected, and their author "cast out." Herein we have one of the surest evidences of true medical progress, that conscientious practitioners of the healing art are yielding all the old notions of infallibility that hung around and mystified the treatment of disease; and are placing upon it its proper estimate, and judging it by its achievements rather than by its pretensions. This is the ground on which rational medicine now stands, though it must be confessed that there are good and honest practitioners of medicine who are slow to give up the ancient and honorable alliance of their art with "the gods;" and as to the public, they have become so accustomed to the belief, and, moreover, the mystification connected with it accords so well with the natural bent of the human mind, that no ordinary amount of schooling will be required to lead them to place a proper estimate upon the value of medicine, regarded as a *science*, and to discriminate between the honest practitioner and the mere pretender.

It is true, too, that there are conflicting forces at work upon the public mind; for, while rational medicine is endeavoring to divest both itself and the public from these antiquated and erroneous mystical notions, there is not wanting a vast army of pretenders who are leading the public willing captives back into the sloughs of mysticism, which the advancement and learning of the present age should by this time have effectually bridged over with materials more stubborn and unyielding than the cabalistic lore of ancient and modern defenders of the *jure divino* claims of the healing art. The minds that can teach that the strength of remedies is increased in a geometrical ratio to their subdivision and to the number of "shakes" they receive, and that such remedies can have any appreciable effect on the human constitution; and the

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minds that receive such teaching, are not yet disenthralled from the errors and mysticisms that prevailed in regard to medicine two thousand years ago, no matter how enlightened they may be in other respects. However they may have kept pace with the world's progress in other matters, on the subject of medicine they still flounder in the mire of an age which in everything else the world has left very far behind.

Dr. Forbes in this work boldly advocates the true principles on which the science of rational medicine is based. He justly and gracefully yields many of its ancient most cherished pretensions, and teaches that medicine is the handmaid of, and not the lord over nature. Nor does he, in our view, go too far, and depreciate the claims of medicine below the actual position it properly holds, although in some things we freely confess we think he will be regarded by many as at least in advance of the age.

We trust that his book will be extensively circulated in and by the profession, for we think it well calculated to do much good, albeit the style is rather too philosophical for a majority of non-professional readers.

Dr. Forbes speaks of a lack in our medical literature which we conceive it would be impossible to supply, viz.: the Natural History of Disease. Disease exhibits itself to us, even among people of the most simple habits of life, modified by so many external and internal causes independent of any treatment, that we cannot see how its *natural* history could be studied, desirable as that would be. Still, the physician should study closely the manifestations of disease in their most uncomplicated forms, and make known the results of his observations, that a proper estimate may be placed upon the value of the therapeutical treatment of disease.

ART. VIII.—*Mind and Matter: or, Physiological Inquiries. In a series of Essays, intended to illustrate the Mutual Relation of the Physical Organization and the Mental Faculties.* By SIR BENJAMIN BRODIE, Bart. D. C. L., Vice-President of the Royal Society. With Additional Notes by an American Editor. New York: S. S. & W. Wood, 1858. Pp. 279. *Price*, $1 00, *free of postage.*

SIR BENJ. BRODIE, in the form of a series of dialogues occurring between himself and two friends, here presents us his views concerning mind and matter. As he says, this method "seems to be specially adapted for inquiries of this description," for we may thus have not only the ideas of the author, but also those objec-

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tions and opposing arguments which would naturally occur to every inquirer. It is most certainly a work of much interest, and will amply repay the reader for a careful perusal. The following remarks apply strongly to us as Americans: "Nevertheless, with all our boasted wisdom, and all our advance in knowledge, there are at the present day many who believe in things not supported by better evidence than these," (speaking of the African rain-makers, and the marble gods of the Athenians.) "There are epidemics of opinion as well as of disease, and they prevail at least as much among the well-educated as among the uneducated classes of society. The energy and sincerity of enthusiasts is powerful in all ages, and carries with it the conviction of that large portion of mankind who do not inquire or think for themselves. It is, indeed, a melancholy fact, that a great extension of education and knowledge does not produce any corresponding improvement in this respect. Still, in the end, good sense prevails. Error and deceptions last only for a time. Those which disgrace one age vanish, and are succeeded by those which disgrace the next. But a truth once established remains undisputed, and society, on the whole, advances."

Speaking of the influence of poisons, etc., upon the brain, he relates some interesting instances of dreams, and how they were produced. He then goes on to say:

"In cases such as these it is reasonable to suppose that the order of the phenomena is as follows: An impression is made on a nerve, and from thence transmitted to the brain, producing in its minute structure certain changes, which affect the mind itself. But there is no doubt that the same effect may be produced without the intervention of the nerves, by the blood acting on the brain. Bichat has shown that the influence of the scarlet or arterial blood is necessary to the due performance of the cerebral functions. If dark-colored or venous blood be substituted for it, and transmitted to the brain by the arteries, the animal lapses—I will not say into a state of unconsciousness, for of that we know nothing—but into a state of total insensibility to external impressions. This fact being established, we cannot be surprised that blood of an improper quality, or containing something which healthy blood should not contain, may disturb the functions of the brain so as even to affect the mind itself. The habitual opium taker, while his favorite drug is circulating in his vessels, instead of being asleep, is visited by soothing and luxurious thoughts, and enjoys the contemplation of the great things which he means to accomplish, but which he never accomplishes in reality; while the Malay, under the influence of the East India hemp, is thrown into a state of excitement, and *runs a muck*. A man has been exposed to the contagion of small-pox. A minute quantity of

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the poison introduced into the blood acts as what the chemists call a ferment, and occasions the generation in it of a larger quantity of poison similar to itself; and when a certain degree of accumulation of it has taken place, there is a severe attack of fever, and the mind probably is haunted by the phantasms of delirium. After a time, the poison is ejected from the blood, and is found deposited in pustules on the surface of the skin, and simultaneously with the appearance of the eruption the fever subsides, and the delirium subsides with it. In a person who has the misfortune of inheriting a gouty habit, or who has (which is a much more common case) produced it in himself by a lazy and luxurious life, there is a superabundance of lithic acid in the blood. This fact has been established by the researches of Dr. Garrod. Then uncomfortable thoughts are presented to his mind; he becomes fretful and peevish, a trouble to himself, and, if he is not trained to exercise a moral restraint over his thoughts and actions, a trouble to every one about him. After a while, the poison, as it were, explodes: he has a severe attack of gout in his foot; he is placed on a more prudent diet; the system is relieved of the lithic acid by which it was poisoned. Then the gout subsides; happy and cheerful thoughts succeed those by which the patient was previously tormented, and these continue until he has had the opportunity of relapsing into his former habits, and thus earning a fresh attack of the disease."

This is one of many very interesting passages, and which, if we had room, we might go on quoting with a certain prospect of their proving of interest to our readers. The author writes in a manner which at once gives to his reader his opinion on the subject; nor does it require that earnest, almost strained attention so necessary in many books of this character, in order to catch the writer's idea. We have no circumlocution of words, but a plain common sense statement, which carries the reader along smoothly and naturally into the whole matter.

He disposes of the fallacies of Phrenology in a masterly manner, which, to the educated, observing reader, shows conclusively the miserable foundation upon which it has been built.

"Then, when I consider the evidence on which the determination of the seat of the several organs is founded, I can conceive nothing more fantastic or unsatisfactory, or more unlike that which is considered to be necessary to the formation of just conclusions in other sciences.

"Sometimes the seat of a particular organ is ascertained by a particular part of the head being warmer than the rest. It was thus that Dr. Gall was first led to detect the seat of the sexual passion in the cerebellum. But is it really the fact that one part of the head is warmer than another, if they are equally covered

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or uncovered? Was it ever found to be so by a delicate thermometer? or is it at all probable that so much more heat should be generated in one portion of the brain than is generated in other parts, as to be perceptible through the bone and skin and the hairy scalp?

"The organ of philoprogenitiveness, by which parents are impelled to love their offspring, is said to be placed in the back part of the head, in the posterior lobes of the cerebrum, immediately above the cerebellum. Now observe in what manner this discovery was effected. Dr. Gall found a protuberance in this part of the heads of women, and for five years he meditated on the subject, but could advance no farther. At last he discovered a similar protuberance in the heads of monkeys. The question then arose, what is there in common between women and monkeys? At this point he obtained the assistance of a clergyman, who observed that monkeys are very fond of their offspring, and thus solved the difficulty; the conclusion at which he had arrived being afterwards confirmed by the following circumstance:—A woman, in whom this part of the head was unusually prominent, being ill of a fever, and (we may suppose) delirious, believed herself to be pregnant with five children."

The believer in Phrenology may consider that he has had no chance here to defend the "science," but we assure him that on a perusal of the work he will find that he has been fully represented, and his arguments answered in the dialogue which follows.

We do not think we have read with more pleasure any similar work; and the profession should feel indebted to the Messrs. Wood for the publication of it in this country. Though a small and unpretending volume, it is one which should be found in the library both of the physician and naturalist, and, in fact, may be read with advantage by any lover of nature or inquirer after truth.

ART. IX. *A Treatise on the Practice of Medicine.* By George B. Wood, M. D., Prof. of the Theory and Practice of Medicine in the University of Pennsylvania, etc. etc. *Fifth Edition.* In two volumes, pp. 888 and 904. Philadelphia: J. B. Lippincott & Co., 1858.

Former editions of this truly national work having been noticed in this journal, it is unnecessary for us to introduce this with any extended remarks. In his preface to the first edition, Dr. Wood promised that if the work should have the good fortune to reach a second edition, he would correct any defects that a just and candid criticism might point out, and no one who

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knows the author, or who has had opportunities of examining the successive editions that have been issued doubts that he has not only done this, but that he has also availed himself of the opportunity that the issue of new editions has afforded him of bringing his work fully up to the position of the science of medicine at the time of issuing each edition. We notice a considerable augmentation in the size of the edition before us over the last, notwithstanding the entire omission of the section on "general therapeutic processes" which has been transferred to the author's work recently published, on "Therapeutics and Pharmacology."

We congratulate the profession on the issue of this new edition of so important a work. Those possessing the earlier editions, should procure this, if they desire to keep pace with the progress of medical science.

We have received from the publishers, Lindsay & Blakiston, a new edition of *Morris on Scarlet Fever*, *Tanner's Practice of Medicine*, and a copy of the *Visiting List* for 1859. They will be noticed hereafter.

EDITORIAL.

A WEEKLY MEDICAL JOURNAL.

Our readers are aware that we have, for many years, advocated the publication of a weekly medical journal in this latitude, and that we have had serious thoughts several times, as announced in our pages, of changing the REPORTER to a weekly. We however, had our doubts of the expediency of the plan while the REPORTER was issued from Burlington, N. J., and never undertook it. All objections being overcome by our removal to this city, we purpose now to carry out our long cherished and favorite idea.

Beginning, therefore with the 1st of October, we shall issue the REPORTER weekly, and hope to be able to make it such a weekly journal as has never before been attempted in this country. We are fully aware that many attempts have been made to establish weekly journals, and that none have succeeded except in the case of the Boston Medical and Surgical Journal. Several such

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attempts have been made since we have edited the REPORTER. Nevertheless, we go into the enterprise with great faith in its ultimate *eminent success.* We have for many years been intimately associated with the profession of our country:—no pent up Utica has contracted our bounds of observation: we know the profession well from Maine to Texas, and from the Atlantic to the Pacific, and we believe that a well ordered weekly journal issued from this city representing *the profession, and that only,* will be well received, be a success, and accomplish much good, both in and for the profession.

We have some advantages in commencing such an enterprise. Residing in a city that has long been the recognized medical centre of our country, a city of large population, and consequently well supplied with hospitals, and other medical charities, from which matter can be obtained for clinical reports, we can furnish much *home material* for our pages. Again we have had considerable editorial experience from which to draw in the future: are well acquainted with the profession of our country, and believe we have an established reputation as journalists of which we have some reason to be proud. This is not begun as a *new* enterprise by persons unknown to the profession as journalists, but we have to begin with, a remunerative list of subscribers, *all* of whom we believe we may claim as personal friends. Under such auspices therefore, we repeat, that we begin the enterprise with strong faith in its ultimate eminent success.

There are many good and weighty reasons why the 1st of October will be a proper time to inaugurate our weekly enterprise. We shall therefore begin a new series and volume at that time, and have with this number published the title page and index of the eleventh volume, thus anticipating three months. Of course, subscribers who have paid for the curent year will be served with the weekly till the first of January.

With these observations, we throw ourselves upon the profession, merely announcing that the Prospectus of the weekly will be issued shortly, and widely distributed.

STUDENT'S NUMBER.

The first number of our weekly will be a student's number, containing such information as will be of value to the students

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who resort to this city to pursue or complete their medical studies. We solicit from medical colleges, private teachers, &c., such information as will enable us to make a perfect record of the advantages offered by Philadelphia to medical students.

PROFESSIONAL AND EDITORIAL COURTESY.

We are sorry to have occasion to animadvert on an attack in the August number of the Nashville Journal of Medicine on Dr. Gross of this city. We fail to see that the ostensible ground for the attack was sufficient to justify it, and are disposed to think that it was rather prompted by opposition to the school interests of this city, than by anything that Dr. Gross has done personally to merit so much attention at the hands of the Nashville Journal. If that Journal has any private grievances in connection with the *Jefferson Medical College*, we respectfully submit that it take the faculty and trustees to task *in a body*, and not single out one of the professors and make him the scape goat for the rest.

THE COLLEGES.

The Faculties of the various medical colleges throughout the country, are mustering their forces for the fall and winter campaign. As usual there are many changes to note; we have new colleges, new professors, resignations, appointments, &c. These we shall note so far as they have come under our observation.

In this city we have but two changes, which have already been recorded, viz. Dr. Samuel H. Dickson in the chair of Theory and Practice in the Jefferson Medical College, *vice* Dr. J. K. Mitchell deceased, and Dr. J. H. B. McClellan, in the Pennsylvania College, *vice* Dr. T. G. Richardson, elected to the chair of Surgery in the University of Louisiana (not the "New Orleans School of Medicine," as we erroneously announced.)

In Savannah, Ga., there are two Medical Schools, each represented by a journal, and each having, we believe, a full and efficient faculty.

A second school has been organized in Nashville, Tenn., under the title of the Shelby Medical College, with the following Faculty. Dr. John F. May, of Washington city, Professor of Surgery; Dr. E. B. Haskins, Professor of Theory and Practice; Dr. John P. Ford, Professor of Obstetrics; Dr. S. L. Maddin, Professor of

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Anatomy; Dr. John H. Callender, Professor of Materia Medica; Dr. R. O. Curry, Professor of Chemistry; Dr. Daniel F. Wright, (late of the Memphis Medical School) Professor of Physiology; and Dr. H. M. Compton, Demonstrator of Anatomy. Some of these names are familiar to the profession, in their several departments, and the faculty, so far as we can judge is a well-appointed and able one. We wish it success, and hope that its rivalry with the Nashville School will be an honorable one.

In the New Orleans School of Medicine, Professor Thos. Peniston, M. D., has resigned the chair of Clinical Medicine, &c., in consequence of ill-health, and the vacancy has been filled by Professor Austin Flint, M. D., of Buffalo, N. Y., and late of the Buffalo School.

Professor Daniel F. Wright, M. D., formerly of the chair of Physiology in the Memphis Medical College, has been elected to the same chair in Shelby Medical College, Nashville, Tennessee.

In the Medical Department of the University of Maryland, Dr. Chas. Frick has been elected to fill the chair of Materia Medica and Therapeutics, vacated by the appointment of Professor Miltenberger, M. D., to the chair of Obstetrics, Professor Thomas having resigned that chair on account of ill-health.

In the Maryland College of Pharmacy, the chair of Materia Medica has been filled by the election of Dr. Francis Donaldson.

The chair of Pathology and Clinical Medicine in the Missouri Medical College, has been filled by Dr. McMarten of St. Louis, Professor S. G. Armor, M. D., having resigned.

Dr. Hunt of Buffalo, has retired from the medical profession,—a sad loss indeed! The vacancy thus created in the Buffalo Medical School, has been filled by the appointment of Dr. Nichols, formerly the Demonstrator of Anatomy. Dr. A. Flint, Jr., fills Dr. Hunt's place as editor of the Buffalo Medical Journal.

Dr. B. L. Jones, of Georgia, has been elected to the chair of Chemistry in Oglethorpe Medical College, and Dr. F. Colzey, to that of Physiology.

In the faculty of the University of Louisville, a complete change has taken place. It stands thus. Dr. L. P. Yandell, Professor of Physiology, &c.; Dr. B. R. Palmer, Professor of Surgery; Dr. J. L. Smith, Professor of Chemistry and Toxicology; Dr. R. J. Breckenridge, Professor of Materia Medica; Dr. J. B. Flint,

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Professor of Clinical Surgery; Dr. T. S. Bell, Professor of Practice of Medicine; Dr. L. Powell, Professor of Obstetrics; Dr. J. W. Benson, Professor of Anatomy; Dr. S. M. Bemiss, Professor of Clinical Medicine; Dr. A. B. Cook, Demonstrator of Anatomy.

THE JOURNALS.

Dr. S. W. Gross, has become associated with his father Dr. S. D. Gross, in the editorial conduct of the N. A. Medico-Chirurgical Review, *vice*, Dr. T. G. Richardson, removed to New Orleans. We welcome Dr. Gross into the ranks.

Dr. J. W. Hamilton, Professor of Surgery in the Starling Medical College, Columbus, Ohio, has become associate editor and proprietor of the Ohio Medical and Surgical Journal.

Dr. Edward Warren of Edenton, has issued the first number of the "Medical Journal of North Carolina." We have long looked for this journal. We welcome Dr. Warren to this bed of thorns in the spirit that would have actuated Lawrence the martyr in welcoming a fellow martyr to a place on—the spit: Of course the profession of the "Old North State," proverbial for the public spirit of its inhabitants, will give the enterprise a hearty support.

By the way, what has become of the "Memphis Medical Recorder," and the "Southern Journal of the Medical and Physical Sciences?" We have not yet seen the "Savannah Journal of Medicine," or the "North Carolina Journal," and but one or two numbers of the "Pacific Journal of Medicine."

☞ The Massachusetts Medical Society offers a prize of one hundred dollars for the best dissertation on the following theme: "*To what affections of the lungs does bronchitis give origin?*"

The above is open to physicians of every country. The latest article on the relations of bronchitis to other diseases of the lungs was written by Dr. W. T. Gairdner, of Edinburg, in 1850. A review of the paper can be found in the *British and Foreign Medico-Chirurgical Review*, for April, 1852. Each dissertation should be designated by a motto, and accompanied by an envelope, superscribed with the motto, and containing the writer's name and address. The sealed packet, accompanying the successful dissertation will be broken and the author's name announced at the annual meeting of the Society in May, 1839.

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Dissertations for the above prize must be sent (post paid) to the Corresponding Secretary, Dr. Benj. E. Cotting, Roxbury, Mass., on or before April 15th, 1859.

☞ We hasten to announce that we have just received a telegraphic dispatch from Nashville, Tenn., (via. "the cable,") announcing that a new medical journal is to be started in Nashville to be called the "Shelby Medical Journal." Of course it will represent "the Shelby Medical College." Our despatch is not "by authority," nor does it announce the name of the editor. We trust that whoever he may be he is "used to skinning," for Dr. Bowling is whetting his knives. There will be a "warm time" down there when *that* journal comes out.

P. S. Since the above jeu d' esprit was penned we have received the first number of the *Nashville Medical Recorder*, being a union of the Memphis Medical Recorder and Southern Journal of the Medical and Physical Sciences, and edited by Drs. Daniel F. Wright, and R. O. Curry, the former editors of those Journals, now professors in the Shelby Medical College. The Recorder "represents" that college. Success to it!

☞ Why are many of our Medical Colleges like Churches? Because they have their *organs*.

EDITORIAL CORRESPONDENCE.

Boston, Aug. 17th, 1858.

MASSACHUSETTS GENERAL HOSPITAL.—Since my last another change has been made at the Massachusetts General Hospital, in the appointment of Dr. Francis Minot as Visiting Physician, in place of Dr. D. H. Storer, who resigned. Dr. Minot belongs to your profession as well as to ours, being one of the editors of the Boston *Medical and Surgical Journal.* There was some struggle, it is said among outsiders, to have another appointed, but the profession will be satisfied as the affair stands.

Why has the *concours* system never been introduced in this country? It would save a vast amount of log-rolling, and

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trustees would not have their feelings and consciences so hardly taxed. A vacancy at a hospital, or in a medical school staff, is now the cause of a regular attack upon the Boards of Trustees. The nominating committee of a political caucus are not in a position to be more thoroughly annoyed, and as a necessary consequence the opinions of friends and not of the profession are generally consulted.

GALVANISM AND TEETH.—Have you seen the application of the galvanic current in producing anæsthesia? It is worth looking into. Codman of this city tells me, that the demand for electro magnetic batteries to be used while extracting teeth is very great. The current certainly does benumb the nerve of the tooth and the periosteum to a very great extent. I know of one gentleman, who bought a battery to carry into the country with him, in the hope that his physician would buy it. If not, he says, he will keep it for his own use when he wants another tooth extracted.

If a tooth can be taken out without pain, with such a contrivance, why may not an arm be removed equally painlessly?

CLERGYMEN AND PHYSICIANS' FEES.—In your August number you have an article on this subject. You give the average salaries of the clergymen of the Pittsburg Conference as $367 90 per annum. How does that compare in amount with the salaries of all clergymen of the sects indiscriminately? Is it not the fact, that as a body, with very much smaller expenses, their incomes are larger than those of our profession? Is there one physician out of ten the country through, who does not do his share in supporting the clergy? And is there one clergyman out of five the country through, who, by example or by precept, by prescription indeed, who does not do all in his power to encourage quackery of the most vile character? In the large cities, where the clergy receive the largest salaries, there is probably the least of this, but even there they do not all do by their medical brethren as they would be done by. I believe it to be true to the fullest extent, that if the clergy would cease their efforts in behalf of quacks and quack medicines, that Cherry Pectoral and

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Anti-Phlogistic Salts would die out. Excuse me: in Massachusetts it would perhaps be necessary to abolish the office of State Assayers, who *assay* everything from gas stoves to Bourbon whiskey.

CORONERS.—Every time that a new machine is brought forward, some of the mechanics whose business it will interfere with, make a great outcry about the danger of their being starved. The fact is, that every new machine, if it can do its work, only increases the demand for labor. Some years ago his Excellency, the Governor, saw fit to appoint a Medical Coroner. He evidently thought that a medical man could best decide about the propriety of an inquest, and the necessity of a post-mortem. The coroners already in office [Bumble—the Beadle-sort-of-men,] were in a terrible stew, because they were to lose their occupation. But how mistaken! The coroners' work began to increase and we can almost count coroners by the score now. It is now getting to be the fashion to advertise one's coronership on his medical card. You may soon expect to see some one of these gentlemen advertise as follows: "N. B. Gentlemen and ladies intending suicide are invited to notify Dr. X. at least one hour beforehand to prevent delay." I have been hoping for a change in the executive of the Commonwealth, but on the whole shall favor the present incumbent, because he has appointed all his medical friends as coroners, and we have enough.

The story that two of these gentlemen stuck their cards at the same time upon different parts of the same body to prove priority, is not correct. It is believed that one of them seeing that his competitor was likely to distance him, turned in another direction where he was sure of an inquest, thus dividing work fairly, and preventing one jury from charging two day's attendance at the same time.

Yours, C. E. B.

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NECROLOGY.

DIED, in Reading, Pa., on Monday morning, August 2d, Dr. JOHN B. OTTO, in the 73d year of his age.

Dr. Otto was born in Reading, December the 20th, 1785. Making choice of the medical profession, he prosecuted his studies in Philadelphia as the student of Dr. Wistar, and after an attendance of three seasons at the Pennsylvania Hospital, and also the regular course of lectures in the University of Pennsylvania, he graduated in the year 1808, when such men as Rush, Physick, Wistar, Shippen, Barton, and Woodhouse were professors. He settled in his native town, where for half a century he continued the practice of medicine, occupying a distinguished position in his profession, and widely dispensing benefits by his ready attendance upon all, without distinction, who needed his services. For a short time during the last war with Great Britain, he acted as surgeon in the army, and was with the troops at York and Baltimore, but soon returned, on the restoration of peace, to his family and home. Possessed of a vigorous constitution, and given to habits of great activity, he continued in the enjoyment of good health, until within a very few years of his death, and even until within the last few months, was able to attend to some of the duties of his profession. But the mighty Conqueror at last prevailed.

The deceased belonged to a class of men which, it is to be feared, is fast disappearing from among us. He was a gentleman of the old school,—one who despised a mean act, and prized principle more than money. He would sooner have suffered any wrong than to inflict an injury. Singularly inoffensive and peaceful in disposition and life, he has gone to the grave without the ill-will of a living being. Unostentatious in manners, and unambitious in aim, year after year he pursued his round of visitation to the sick and dying, doing what skill and assiduous attention could to relieve suffering and heal disease. Perhaps no man has ever lived and died in Reading, who conferred more substantial good on so great a number, or who received less in return for the good bestowed. It is speaking in moderation to say, that the services rendered gratuitously to the poor, if they had been repaid in money, would of themselves have constituted an estate: but he had a richer reward—"the blessings of them that were ready to perish, fell upon him." Few duly appreciate the value of a good physician, and the many who, for so long a

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term of years, enjoyed his services, often without compensation, know not how much they owe him. If he has left no proud monument of marble, or of stately works reared to commemorate his name, his memory will be dear to multitudes to whom he ministered in sickness and suffering.—*Reading paper.*

SELECTIONS.

Some Topical applications employed at the Hopital Saint Louis, Paris, for Eczematous and Impetigenous Eruptions.

DERMATOLOGY has, perhaps, longer than any other branch of practical medicine, felt the effects of the doctrine of Broussais. Imbued with the opinions of this reformer, physicians have for a long time persisted in combating, by local antiphlogistic treatment the eczematous and impetigenous eruptions, which constitute the greater part, and, as it were, the type, of skin diseases. So long a perseverance in an exclusive and eminently unsuccessful line of treatment is doubtless naturally to be explained by the really inflammatory character which these affections exhibit during a certain phase of their course; but if it be true that emollients are useful in this early period, the inefficacy is soon perceived after the disease has been some little time established. Hence the return to astringent and escharotic applications, much abused by former practitioners, and especially by empirics, but which have been too much neglected during a long series of years.

M. Gibert has, more than any other dermatologist, aided in restoring this mode of treatment, and in regulating and methodizing its employment. Among the first of the astringent remedies, so useful in the treatment of eruptions on the skin, he places the resinous and empyreumatic substances, which were so much employed by the ancients. Purified tar, combined with lard, in the proportion of from one to three parts to thirty of the excipient, is in daily use in the wards of Saint-Louis as the best resolvent for scaly eruptions, and a valuable desiccative in chronic eczematous and impetigenous eruptions. Since the introduction of glycerin into therapeutics, he employs this substance as excipient, in preference to lard. To facilitate its use, M. Gibert applies the mixture, thickened with starch, in the form of a pomade, according to the method of M. Garot, and this has the advantage over the ordinary pomades, made with greasy excipients, that it can be easily washed off. The formula ordinarily employed in the wards is as follows: Glycerin, one fluid ounce; purified tar, half a fluid

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drachm; warm the mixture, and add enough powdered starch to make a homogeneous paste, of moderate consistence.

This preparation relieves itching, heals excoriations, dries up secretions and dispels redness. Hence under its influence eczema rubrum, impetigo, intertrigo, prurigo of the scrotum and of the anus, acne rosacea, and sub-inflammatory mentagra, are modified in the most favorable manner.

M. Gibert also frequently employs another resinous product, well known within a few years past, the *oil of cade.* The empyreumatic properties which this resinous oil possesses in a much greater degree than tar, are such that it can rarely be employed pure. M. Gibert commonly mixes it with the oil of sweet almonds, or with cod-liver oil. A mixture is employed in his wards under the name of *huile cadée*, composed of two parts of cod-liver oil and one of cade oil, which possesses, according to this skilful practitioner, very efficacious resolvent and siccative properties. Under the use of this application, he has seen cases of eczema cured, in which the excoriated and secretory patches had remained stationary for many months, notwithstanding the employment of sulphur, both externally and internally.

In the obstinate pruriginous, papular and eczematous eruptions of the anus and genitals, which are so often the source of despair both to the patient and the physician, M. Gibert has especial reason to congratulate himself on the employment of the oil of cade. In such cases he combines with it the assiduous use of cold hip baths, and, by way of modifying the diathesis upon which the eruption depends, the internal administration of the arsenical solution of Dr. Boudin, modified as follows: distilled water, Oiss.; arsenious acid, gr. i. Make a hot solution, to be divided into six phials; half a phial to be taken every morning, fasting, in a glass of chicory-water sweetened with honey. Under this treatment M. Gibert states that he has seen eruptions cured in a few weeks which had lasted for several years, and which had resisted mineral waters and many other kinds of medication.—*Boston Med. and Surg. Journal.*

Respect your own Profession.

Respect your own profession! If Sir Astley Cooper was ever called to let off the impure ichor from the bloated limbs of George the Fourth, it was the king that was honored by the visit, and not the surgeon. If you do not feel as you cross the millionaire's threshold that your art is nobler than his palace, the footman that lets you in is your fitting companion, and not his master. Respect

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your profession, and you will not chatter about your "patrons," thinking to gild yourselves by rubbing against wealth and splendor. Be a little proud—it will not hurt you; and remember that it depends on how the profession bears itself, whether its members are the peers of the highest, or the barely tolerated operatives of society, like those Egyptian dissectors, hired to use their ignoble implements, and then chased from the house where they had exercised their craft, followed by curses and volleys and stones. The father of your art treated with a monarch as his equal. But the barber surgeon's hall is still standing in London. You may hold yourselves fit for the palaces of princes, or you may creep back to the hall of the barber surgeons, just as you like. Richard Wiseman, who believed that a rotten old king with the corona Veneris encircling his forhead with its copper diadem, could cure scrofula by laying his finger on its subject—Richard Wiseman, one of the lights of the profession in his time, spoke about giving his patients over to his "servants" to be dressed after an operation. We do not count the young physician or the medical student as of menial condition, though in the noble humility of science to which all things are clean, or of that "entire affection" which, as Spenser tells us, "hateth nicer hands," they stoop to offices which the white-gloved waiter would shrink from performing. It is not here, certainly, where John Brooks—not without urgent solicitation from lips which still retain their impassioned energy—was taken from his quiet country rides, to hold the helm of our imperial state; not here, where Joseph Warren left the bedside of his patients to fall on the smoking breastwork of yonder summit, dragging with him, as he fell, the curtain that hung before the grandest drama ever acted on the stage of time—not here that the healer of men is to be looked down upon from any pedestal of power or opulence!

If you respect your profession as you ought, you will respect all honorable practitioners in this honored calling. And respecting them and yourselves, you will beware of all degrading jealousies, and despise every unfair art which may promise to raise you at the expense of a rival. How hard it is not to undervalue those who are hotly competing with us for the prizes of life! In every great crisis our instincts are apt suddenly to rise upon us, and in these exciting struggles we are liable to be seized by that passion which led the fiery race horse, in the height of a desperate contest, to catch his rival with his teeth as he passed, and hold him back from the goal by which a few strides would have borne him. But, for the condemnation of this sin, I must turn you over to the tenth commandment, which, in its last general clause, unquestionably contains this special rule for physicians—Thou shalt not covet thy neighbor's patients.

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You can hardly cultivate any sturdy root of virtue, but it will bear the leaves and flowers of some natural grace or other. If you are always fair to your professional brethren, you will almost of necessity encourage those habits of courtesy in your intercourse with them which are the breathing organs and the blossoms of the virtue from which they spring.—*Valedictory, by Oliver Wendell Holmes, M. D., from Boston Med. & Surg. Journal.*

Analysis of Milk and Flour. By M. E. MONIER.

If into milk diluted with water and acidulated, a solution of cameleon-mineral is slowly dropped, the beautiful color of the mineral is seen to disappear. The study of the re-action shows that it is due to the caseine and albumen, and not to the butter or sugar.

Take 10 cubic centimetres (about one-fifth of a pint) of milk, and bring it to a temperature of from 113° to 122°. Prepare a liquor containing 2 per cent. of albumen, and ascertain the volume of the solution of cameleon which is all that is necessary to produce a given tint in this liquid. Dilute and acidulate the milk with some acid which will not coagulate either the albumen or the caseine, and determine the quantity of the cameleon solution necessary to produce in it the same tint which has been produced in the standard liquor. A simple proportion will then give the quantity of albumen and caseine contained in the milk.

Take another equal quantity of the milk at the same temperature as before, and by a drop of acetic acid coagulate the caseine, which will carry the butter with it. Filter the whey, wash it well, acidulate it, and determine the quantity of cameleon necessary to produce the standard tint in it. Equal weights of caseine and albumen decompose equal volumes of the solution of cameleon. Hence, by subtracting the weight of the albumen from that at first determined, the weight of the caseine will be found. The butter may then be found by subtracting the weight of the caseine from that of the dried curd, (or if greater accuracy is required, it may, of course, be extracted by ether.)

The mode of analyzing flour rests upon these principles:—

1st. That the azotized principles are totally soluble in dilute hydrochloric acid.

2d. That the solution of cameleon is decomposed by these azotized matters.

3d. That the non-azotized matters, (starch, dextrine, &c.,) have no action on it.

M. Monier uses a standard flour which has been carefully analyzed and kept in close stoppered bottles from air and moist-

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ure. 0·3 grms. (4½ grains,) of this flour is put into a mattrass and boiled for a few moments with diluted hydrochloric acid. The same is done with an equal quantity of the flour to be tested; the liquids are added to equal quantities of the solution of cameleon until the same tint is obtained, and as the azotized matter of the standard flour is known, that of the sample is obtained by simple proportion.

The non-azotized principles are determined by thoroughly drying the flour and subtracting from its weight that of the azotized matters.

Legumine re-acts upon the cameleon like albumen, whilst the vegetable alkalies, milk, &c., have no action.—*Comptes Rendus, from Journal of Franklin Institute.*

Conversation in the Sick Room.

Your conduct in the sick room, in conversation with the patient or his friends, is a matter of very great importance to their welfare and your own reputation. You remember the ancient surgical precept—*Tuto, cito, jucunde.* I will venture to write a parallel precept under it, for the manner in which a medical practitioner shall operate with his tongue; a much more dangerous instrument than the scalpel or the bistoury. *Breviter, suaviter, caute.* Say not too much, speak it gently, and guard it cautiously. Always remember that words used before patients or their friends are like coppers given to children; you think little of them, but the children count them over and over, make all conceivable imaginary uses of them, and very likely change them into something or other which makes them sick, and causes you to be sent for to clean out the stomach you have so unwittingly filled with trash; a task not so easy as it was to give them the means of filling it.

The forming of a diagnosis, the utterance of a prognosis, and the laying down of a plan of treatment, all demand certain particular cautions. You must learn them by mistakes, it may be feared, but there are a few hints which may not be the worse for hearing.

Sooner or later, everybody is tripped up in forming a diagnosis. I saw Velpeau tie one of the carotid arteries for a supposed aneurism, which was only a little harmless tumor, and killed his patient. Mr. Dease, of Dublin, was more fortunate in a case which he boldly declared an abscess, while others thought it an aneurism. He thrust a lancet into it, and proved himself in the right. Soon after, he made a similar diagnosis. He thrust in his lancet, as

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before, and out gushed the patient's blood and his life with it. The next morning Mr. Dease was found dead and floating in his own blood. He had divided the femoral artery. The same caution that the surgeon must exercise in his examination of external diseases, the physician must carry into all his physical explorations. If the one can be cheated by an external swelling, the other may be deceived by an internal disease. Be very careful; be very slow; be very modest in the presence of nature. One special caution let me add: If you are ever so accurate in your physical explorations, do not rely too much upon your results. Given fifty men with a certain fixed amount of organic disease, twenty may die, twenty may linger indefinitely, and ten may never know that they have anything the matter with them. I think you will pardon my saying that I have known something of the arts of direct exploration, though I wrote a youthful essay on them, which, of course, is liable to be considered a presumption to the contrary. I would not, therefore, undervalue them, but I will say that a diagnosis which maps out the physical condition ever so accurately, is, in a large proportion of cases, of less consequence than the opinion of a sensible man of experience, founded on the history of the disease, though he has never seen the patient.

And this leads me to speak of prognosis and its fallacies. I have doomed them, and seen others doom, over and over again, on the strength of physical signs, and they have lived in the most contumacious and scientifically unjustifiable manner as long as they liked, and some of them are living still. I see two men in the street, very often, who were both as good as dead in the opinion of all who saw them in their extremity. People will insist on living, sometimes, though manifestly moribund. In Dr. Elder's life of Kane you will find a case of this sort, told by Dr. Kane himself. The captain of a ship was dying of scurvy, but the crew mutinied, and he gave up dying for the present to take care of them. An old lady in this city, near her end, got a little vexed about a proposed change in her will; made up her mind not to die just then; ordered a coach; was driven twenty miles to the house of a relative, and lived four years longer. Cotton Mather tells some good stories which he picked up in his experience, or out of his books, showing unstable equilibrium of prognosis. Simon Stone was shot in nine places, and as he lay for dead the Indians made two hacks with a hatchet to cut his head off. He got well, however, and was a lusty fellow in Cotton Mather's time. Jabez Musgrove was shot with a bullet that went in at his ear and came out at his eye on the other side. A couple of bullets went through his body also. Jabez got well, however, and lived many years. Per contra, Colonel Rossiter, cracking a plum-stone with his teeth, broke a tooth and lost his life. We have seen physicians dying,

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like Spigelius, from a scratch; and a man who had had a crowbar shot through his head, got well. These extreme cases are warnings. But you can never be too cautious in your prognosis, in view of the great uncertainty of the course of any disease not long watched, and the many unexpected turns it may take.—*Holmes' Valedictory*, 1858.

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